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Child Protective
Services Unit

Virginia Department
of Social Services



Editor
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Summer, 2009

Virginia Child Protection Newsletter

Volume 86

Strengthening Military Families



What is it like to have a parent deployed to a distant, dangerous land? What stresses affect the family? What is the experience like for a parent to be deployed? According to the Virginia Joint Military Family Services Board (VJMFSB, 2003), deployed parents worry about losing touch with their children and families. They wonder if their children will remember them when they return. They worry about the changes their children will experience while they are gone and are concerned about how they can be a good parent while deployed. Parents left on the home front worry about their increased work load, their ability to maintain consistent discipline, and how to fill the role of both parents. Children, especially younger children, may not understand why their parent is leaving. They may attribute the deployment to their own behavior or they may be angry at the parent's departure. Both children and spouses may be anxious about the physical safety of the departing parent.

Homecoming is also difficult. If you talked with a service member, the soldier might say... *"We spend those last days before homecoming fantasizing about how things will be...thinking about promises made (and maybe not kept) and hoping that homecoming will be perfect...We feel a little scared. What if my children don't remember me? What if my spouse has changed?"* (VJMFSB, 2003, p. 24).

The awaiting spouse might say... *"We've both really changed during this deploy-*

ment....I hope he/she will want to be a part of my new interests and friends..." (VJMFSB, 2003, p. 24). A child might say... *"I am so excited I can hardly wait...I have a hard time sitting still and doing my work at school....I wonder if he/she will be mad about my last report card or yell at me because I kept forgetting to take out the trash..."* (VJMFSB, 2003, p. 24).

For most of U.S. history, active military personnel were primarily young single men. Women in the military were not allowed to remain in the service if they became pregnant and sometimes were not allowed to serve if they were married. Men required permission from their commanding officer to marry. Over the past 40 years, the composition of the military has changed. The end of the draft in 1973 and an increased emphasis on reducing turnover and retaining trained and experienced members influenced the military to provide support for families. Today about half of military personnel are married and close to three-fourths of those individuals have children (Segal & Segal, 2004).

Much depends upon the strength of military families. Military performance and personnel retention are directly influenced by how well families adapt (National Council on Family Relations, 2004).

Military families have unusual stresses. Michelle Kelley, Ph.D., a researcher at Old Dominion University, has studied the stresses of military life, especially in Navy families. She comments, "Families move frequently, on average every three years. There are separations for training or deployment to a war zone or peace-keeping mission. There is no such thing as a 'routine cruise' because one never knows what will transpire."

Children experience much change. Dr. Kelley explains, "During deployments, children of single parents may live with different caretakers, and be moved from one caretaker to another. For young children, there are attachment issues. They may not even recognize the



parent when he or she returns. Children feel that deployment never ends. Even when parents come home, children worry that they will be gone again."

Who are the Military Families?

Fulltime military personnel are in what is termed the Active Component. The Reserve Component is comprised of the Army National Guard, the Air National Guard, and the Reserves of the four Services. The Reserve Component may be called to active duty as they are now for Operation Iraqi Freedom and Operation Enduring Freedom (military operations in Afghanistan).

As of September, 2008, there were 599,475 active duty military members with dependent children, according to LTC Les' Melnyk, Defense Press Officer. Melnyk explains that dependent children include those who are 0 to 18 as well as youth up to age 23 if enrolled in college. The nearly 600,000 military parents collectively have 1,195,750 dependent children.

More than half of active military members were married in 2008 (Defense Manpower

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Data Center, 2008). For the Army National Guard, 42% had children and for those in the Army Reserves, 41% had children. For all divisions, the average number of children was two (Office of Army Demographics, 2005). Many military families have young children with 40% under age five.

Nearly three fourths of active duty military couples and families live in civilian communities. National Guard and Reserve families commonly live far from military installations. Thus, civilian resources are often the primary sources of support for military families who do not live on the base or close enough to access resources on the installation (National Council on Family Relations, 2004).

Similar to changes in the larger society, the number of non-traditional military families (dual career military couples, families where the woman is the sole military member, single military parents) has risen (Kelley & Doane, in press). For example, in 2003, there were 86,434 single enlisted active duty parents in the U.S. Armed Forces and 23,000 were single mothers (Crary, 2003, cited in Kelley & Doane, in press). In September, 2008, about 12% (72,968) of all military parents were single parents, according to Defense Press Officer Melnyk. In 2005 there were 35,492 dual-military parents, representing 2.9% of the total active military forces (Office of the Under Secretary of Defense, Personnel and Readiness, 2005).

Female soldiers are less likely to be married than are male soldiers, but are more likely to be married to someone who is also serving in the military. Male soldiers are primarily married to civilian women (Office of Army Demographics, 2005).

According to Kelley & Doane (in press), the typical service member is older than in the past, and more likely to have children. Additionally, military members are more likely to marry at younger ages than their civilian counterparts. The average age of an active duty member at the birth of their first child is 24.5 years (U.S. Census Bureau, 2002).

Divorce rates for military couples from October 1, 2006 to October 1, 2007 were 3.3%. There were about 25,000 failed marriages of an approximate 755,000 married active duty troops (Holzfaster, Cecil, McKnight & Mues, LPA, 2009).

Children's Adjustment in Military Families

According to a research review by Callahan (2009), research has shown that children in military families generally fare as well as or better than their civilian counterparts. She cites a 1990 study (Eastman, Archer, & Ball) that demonstrated higher levels of cohesion, adaptability and organization along with lower levels of conflict than the average family. Current conditions in the military are different with parents involved in multiple deployments, so these results may not describe children who currently cope with considerably more stress.

Ryan-Wenger (2005) studying a small sample of children ages 8 to 11 years (18 with an active-duty parent; 25 with a parent in the reserves; and 48 with civilian parents), found that many of the military children were quite adaptive and resilient in spite of the potentially chronic stressor of deployment. Military children in this sample were not inordinately preoccupied with the threat of war, were not unusually anxious, and coped quite effectively.

The Virginia Joint Military Family Services Board (2003) summarizes a number of potential benefits of military life for children. Military children who move have broader and more varied life experiences than their civilian counterparts. They learn more about how to function in a variety of communities. Assuming age-appropriate responsibilities to help their families during a parent's deployment can allow children to develop new skills, become more resourceful, and learn to be "self-starters." Military children learn the importance of flexibility as their environment changes. Separations can strengthen family bonds and build skills for coping with separation later in life.

The Cycle of Deployment

Military service results in a unique set of challenges for the family. Even in times of peace, military families may experience frequent reassignments to undesired locations, uncertainty about future assignments, separations for training, long hours, strenuous training, and fears for the military member's safety (Kelley & Doane, in press).

Most research on the impact of deployment is studies during Operation Desert Storm or earlier conflicts. The current deployments to Iraq for Operation Iraqi Freedom (OIF) and to Afghanistan for Operation Enduring Freedom (OEF) have much different characteristics than deployments to earlier conflicts (Chandra et al., 2008) or to deployments during peacetime, such as six month sea duty for Navy and Marine Corps personnel, or deployments for training. It is important to recognize that the challenges of deployment have increased over time (Bell & Schumm, 2000). The number of nights a soldier remains away

from home increased 300 percent for all branches in the 1990's due to reduction in the size of forces and corresponding increases in missions. Deployments for OIF and OEF are longer and more frequent with shorter breaks in-between (Chandra et al.; Bell & Schumm).

Pre-Deployment: This is a period of "mobilization" where the family organizes their resources (Huebner & Mancini, 2005). There is an overlay of uncertainty associated with deployment for OIF or OEF that begins even before the service member leaves. Families may wonder if or when their loved one's unit will be mobilized and deployed. While a date may be given, it often changes. It is not unusual for the family to prepare and accompany their spouse/parent to the send off point, only to learn that the date has been changed and the family must repeat the entire "goodbye ritual" (Waynick et al., 2005, cited in Huebner et al., 2007).

This stage is a busy and tumultuous time resolving issues ranging from car maintenance to tax preparation to writing a will and arranging child care. David Lloyd, Ph.D. Director of the Department of Defense Family Advocacy Program, notes that every service member who is a parent is required by regulations to establish a child care plan.

There is alternate denial and anticipation of loss. It is not uncommon for arguments to erupt at the same time the parents are trying to increase intimacy. Discussing expectations as well as appreciating the role of anxiety and the expectation of conflicts during these difficult days can help couples cope (Pincus, House, Christenson & Adler, 2008).

Children may experience fear, anger, denial, resentment, guilt and even excitement. There can be times of closeness as well as arguments and acting out behaviors. Preparing a child prior to departure can help the child cope. Practical strategies include: being truth-

SPECIAL THANKS TO....

Angela Huebner, Ph.D.

Michelle Kelley, Ph.D.

LTC Les' Melnyk

David Lloyd, Ph.D.

Jay A. Mancini, Ph.D.

Thom for the DCoE team

Debby Tucker

*Shelley MacDermid
Wadsworth, Ph.D.*



Spotlight: Strong Bonds



Strong Bonds is a chaplain-led program designed to help Army soldiers and their families build strong relationships. Strong Bonds originated in 1997 as a program for couples called Building Strong and Ready Families. In response to feedback from soldiers, the program was renamed Strong Bonds in 2005. Initially, 90 active-duty couples participated in four events. Since then, over 30,000 couples have attended over 1,300 events.

Program offerings were expanded to include strength-building for single soldiers, families with children (children eight years and older may participate), and families facing challenges associated with deployment. Strong Bonds is intended to both reduce the rate of divorce for soldiers by helping fami-

lies meet the challenges of military life and to increase retention of first-year soldiers by bolstering family support systems.

Strong Bonds chaplains lead off-military base retreat weekends during which soldiers and their families receive education and skills training on how to maintain healthy relationships and have time for relaxation. The Strong Bonds Family Program invites families and children over eight years old to participate in retreats focusing on how to maintain closeness during separations, relocations and reunions after deployment. Soldiers interested in attending Strong Bonds training opportunities may contact their unit chaplains or visit the program's website at <http://www.strongbonds.org>.

ful about the upcoming departure; sharing feelings; using a map or globe to explain the new destination; and allowing the child to help the parent pack (www.military.com).

Deployment: The parting leaves a void. It is common for family members and children to have trouble sleeping. It can be several weeks until the deployed parent is able to make the first call home. Feelings can include numbness, sadness, and feeling alone and abandoned (Pincus et al., 2008). Most spouses miss their mates and the companionship and intimacy, as well as help with daily chores. They fear that the deployment will change their partner and destroy their marriages. They resent that they cannot share once-in-a-lifetime events. Deployments also create financial difficulties and may have substantial extra expenses such as long-distance telephone calls (Bell & Schumm, 2000).

Sustainment: At a practical level, the family must organize to operate without the deployed parent. In the case of an intact family, the remaining spouse must shoulder extra responsibilities and sometimes older children and adolescents assume parental roles for younger siblings. In the case of single parents, a substitute, perhaps a grandparent, assumes parenting responsibilities.

For active duty service members in the Navy and the Marine Corps, the reorganizations may be repetitive, every six months. For active duty soldiers and for National Guard and Reserve families, it may be a new experience. For all families, members may wonder how permanent the changes will be. The family may feel both guilt and pride at being able to function without the deployed member (Pincus et al., 2004, cited in Huebner et al., 2007).

Communications with family are vulnerable to distortion or misperception. Phone calls are unidirectional and initiated by the soldier. It can be frustrating if no one is home after a long wait for a phone line. E-mail can help as spouses and family can send messages and not have to wait by the telephone. Children can have sudden and unexplained negative behaviors and emotions which can differ due to developmental stage. Some children have great difficulty adapting to the stress of a deployed parent (Pincus et al., 2008).

Reunion: The weeks and days before homecoming are filled with mounting excitement, tension, and nervousness. Although a return date is provided in many cases, it can be changed if deployments are extended. Long deployments are common during combat operations. When the parent returns, the children have grown and the family has changed. "The reunion is the crucial element," states Jay Mancini, Ph.D., a Virginia Tech researcher. "The family has changed without a doubt. In a year or 15 months, children show a tremendous amount of developmental change. The family has adjusted to being without the soldier. The family unit has to recalibrate." The process, says Dr. Mancini, is exacerbated by the family's lack of control so long as the person remains in the military. The family has no way to resolve the situation and the cause of stress is out of their control. The process is also complicated by family expectations (Bell & Schumm, 2000). Although researchers have known for some time that reunion is a problematic time, families assume it will be easy and fantasize about how perfect the reunion will be.

Post-Deployment: Although this is an exciting and happy time, roles must be redefined

THE DEPLOYMENT CYCLE

- **Pre-deployment** – The time prior to deployment can be strained as families try to complete tasks and also find quality time together. Arguments between spouses are not unusual. It can be difficult to talk about expectations while apart and the uncertainties of the future.
- **Active Deployment**– This phase is from departure through the first month or so of deployment. It is often characterized by emotional fluctuations.
- **Sustainment**– This part of the cycle lasts until the month before the soldier returns home. The parent or caretaker of the children establishes new routines, builds support, and may develop new confidence. The family continues to be concerned about the soldier's safety and experience.
- **Re-deployment**– The month before return is a time of deep and mixed feelings.
- **Post-deployment**– This phase begins with arrival home and lasts 3 to 6 months or until deployed again. A "honeymoon" period may follow the return. As the soldier adjusts to return, the family must establish new routines and renegotiate responsibilities and roles.

A survey by the National Military Family Association found that families experiencing multiple deployments often think of the process as a "spiral." The family never returns to a baseline as they know another deployment is pending. Source: ZERO TO THREE, Supporting Babies and Toddlers in Military Families: A Professional Guide, 2007

and the parent must reestablish relationships with spouse and children. This may be the most difficult period. The events of the deployment may have changed the parent. The returning soldier may have injuries and health or mental health problems that complicate reintegration. Rates of mental health problems in returning soldiers exposed to combat are high with studies showing 26% or higher experiencing diagnosable symptoms. Other soldiers return with traumatic brain injuries or severe injuries (Callahan, 2009).

Initially, a "honeymoon" period of euphoria, relief, and excitement begins. The family shares experiences. This stage is followed by a period of readjustment where pressures are intensified and idealized conceptions confront realities. Eventually, the family unit stabilizes (VJMFSB, 2003).

Peace-time versus Wartime Deployment

Peebles-Kleiger and Kleiger (1994) distinguish between the potential effects of deployment during peaceful times versus deployment during war. They explain that Desert Shield/Storm was a relatively brief war, had limited physical and psychiatric casualties, and had social sanction and focused support for troops and their families. Because of these factors, there was expectation that adjustment home would be simplified, similar to after a peacetime deployment. The authors say it was not. Their data was drawn from clinical

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experiences as staff psychologist to the Hospital ship and interviewing partners and families during and after the war. They suggest that the “model of peacetime deployment” with expectations about short time frames for adjustment, is not realistic for deployments during war.

Peacetime deployments allow planning and are expected. Deployments during war can be sudden and cause catastrophic stress. The pre-deployment phase can be a crisis with the reaction to the news being shock, fear, despair and protest alternating with self-numbing. The need for rapid execution of tasks allows little time to process the intensity of the feelings. Children may “carry the feelings” for the family. Families should be cautioned not to view expressive members as an annoyance or too sensitive.

Departure may be disconcerting due to numbing of all feelings so that family members are not overwhelmed. Families should understand that numbing is not a sign of lack of caring. It may take days or even weeks following the departure for the reality of feelings to “sink in.” Emotional disorganization can be expected and can last the bulk of the deployment (rather than resolve in a few weeks as it usually does during peace time deployment). Feelings can intensify, and then abate with news of the war and may not achieve full resolution or stability. Family members may become hyper-alert, develop fears, have bad dreams, and be irritable or angry. Children are likely to “take their cue” from how the adults around them are coping. Children or parents can create a flurry of activities to keep themselves preoccupied. These can be adaptive in moderation but can exhaust parent and child, further weakening resources. Pressures to escape the stress and loss can include spending sprees, extra-marital affairs, overuse of alcohol, or eating binges.

Soldiers returning home may experience culture shock, stimulus overload, and emotional overload. Peebles-Kleiger and Kleiger recommend that the homecoming not be strained further by unrealistic expectations about the length of time it might take to readjust as reactions may last 12 to 18 months.

They depict the reunion time as high risk for family dissolution and caution families against making hasty decisions. Divorce is not a solution to trauma resolution or an escape from the emotional pain of the work of reintegration. Emotional aftershocks can recur at times of family transition or crisis. The authors note that these have been shown to interfere with World War II veterans and their families, even decades after the war has ended.

At least one research study offers support to the idea that combat deployments have more negative effects that are longer-lasting when compared to the effects of peacetime deployments. Kelley (1994) examined mothers whose husbands were on routine deployment and compared them to mothers whose husbands were in the Persian Gulf during Desert Shield/Storm. She performed assessments at three points: pre-deployment; mid-deployment; and post-deployment.

Kelley found that even routine separations diminished the ability of the family to maintain close, supportive relationships. Separation was especially disruptive for families with early school-aged children. Children whose fathers experienced a peacetime deployment evidenced slight behavioral difficulties prior to separation and these decreased over time. Absences of six months or less under routine circumstances resulted in only temporary difficulties. In contrast, spouses with husbands deployed to the Persian Gulf reported less ability to maintain nurturing, cohesive family environments. When the deployed parent returned, it was difficult to regain closeness. In contrast to the children who experienced a peacetime deployment, children whose fathers had served in the Persian Gulf did not show behavioral improvements in either internalizing or externalizing behaviors over time.

Effects of Deployment

Effects on Child Caretakers/Spouses

Parent deployment has substantial effects upon the family system. Deployment has been associated with increased stress among non-deployed parents who remain behind (Chandra et al., 2008; studies cited in Gibbs et al., 2007). The increased stress can hamper a parent’s ability to care for children. In particular, caregivers express concerns about having more responsibilities and concerns about children’s behaviors (Chandra et al., 2008).

A pattern of cyclic depressive symptoms has been demonstrated among Navy wives (Kelley, 1994). Higher levels of depressive symptoms are reported prior to and during the deployment than at reunion (Kelley & Doane, in press).

There is research that identifies which families adapt well to deployment and which families struggle. Families with multiple problems prior to deployment are likely to have those problems worsen. Excessively de-

pendent spouses and overly demanding ones may be expected to have poorer outcomes (Bell & Schumm, 2000). Not surprisingly, families with the most social, financial, and emotional resources tend to adapt best. Older, better educated, and more experienced spouses have better outcomes, which may be due in part to self-selection for continued military service. Families with poorer outcomes may revert to civilian life, rather than continuing a military career (Bell & Schumm, 2000).

Effects on Children

Although there is a tendency to view effects of deployment negatively, deployment can have positive benefits for parents and children (Military.com). The site mentions three benefits that have research support (but the site does not list the studies demonstrating the benefits). First, separations can foster maturity. Assuming responsibilities during a parent’s absence is an opportunity to develop new skills. Independence is fostered as children learn to say farewell, then welcome back the parent. Finally, family bonds can strengthen as children realize they are not alone and discover support in their immediate and extended families and in the community.

According to a review by Callahan (2009), literature demonstrates that the majority of children adapt to routine parental deployments without significant adverse impacts. Children show only transient difficulties during the routine separations. However, current deployments are not routine separations. Rather, they are unlike any deployments in the past with little “downtime” in between.

Researchers have linked parental deployment to numerous child responses. These include:

- depression/crying;
- acting out/discipline problems or negative behavioral adjustment;
- poor academic performance;
- increased irritability and impulsiveness (studies cited in Huebner et al., 2007).

A survey of 110 children enrolled in Operation Purple camps (Chandra et al., 2008) found that many children and youth report great worry about their deployed parent and also about their caregiver(s). They are more easily upset and agitated during the deployment time. They report trouble completing homework while a parent is deployed. They feel lonely and don’t believe that others understand their feelings. The increased responsibilities at home foster more independence for some children, but others find the responsibilities challenging. The children and youth are proud of their parents. Still there are additional challenges when the parent returns home, including confusion about who is in charge.

Scientists from Boston University School of Medicine studied 169 children ages 1.5 to 5 years. They compared those with a deployed parent to those with a non-deployed parent

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Books About Deployment

Available from: MilitaryFamilyBooks.com, 8362 Tamarack Village, Ste 119-106, Woodbury MN 55125. FAX: (501) 641-0777, E-mail: staff@militaryfamilybooks.com
Web site: <http://www.militaryfamilybooks.com/>

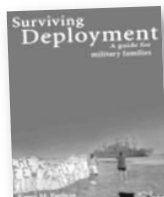
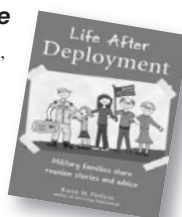


The Wishing Tree by Mary Redman, 2008, 32 pages, \$15.95, ISBN 978-1-934617-02-1, Publisher: Elva Resa Publishing, LLC.

This book is about a little girl, Amanda, who is struggling to cope with her father's year-long deployment. While trying to find ways to manage, Amanda creates a small wishing tree. She begins to write her hopes and prayers on yellow ribbons and ties them to the tree's branches. The author strives to give children a sense of hope and a positive technique for managing separations from parents who are deployed.

Life After Deployment: Military Families Share Reunion Stories and Advice by Karen M. Pavlicin, 2007, 192 pages, \$14.95 ISBN 13: 978-0965748377.

This book captures the emotional stories of families who have recently been reunited. Testimonials from service members from all branches of the military, their spouses, parents, and children describe the joy and adjustments they encounter. These stories discuss how families have dealt with different emotional hardships such as: depression, PTSD, injuries, and grief.



Surviving Deployment: A Guide for Military Families, by Karen Pavlicin, 320 pages, \$19.95 ISBN 0-9657483-6-7.

This book helps families cope with the challenges of deployment in a positive way. Surviving Deployment describes what to expect, how to prepare, and how to grow as an individual and family. This book includes practical checklists and personal testimonies from hundreds of families.

Deployment Journal for Kids, by Rachel Robertson, 96 pages, \$14.95, ISBN: 0-9657483-0-8

Created especially for military children, this journal is a special place to record feelings and events during a loved one's deployment. The journal contains calendar pages, writing ideas, interesting facts about common deployment locations, military definitions, and a pocket to keep mementos.



Deployment Journal for Parents: Memories and Milestones while My Child is Deployed, by Rachel Robertson, 192, \$19.95, ISBN 978-0-9657483-9-1.

This journal was designed for parents who have a child who has been deployed. It includes writing prompts and inspiring quotes that help parents through their child's deployment and return. The "Keeping Track" section in the book allows parents to log milestones, communication, and special moments.



A Year of Absence: Six women's stories of courage, hope, and love, by Jessica Redmond, 232, \$12.00, ISBN 0965748316.

This true story discusses six army wives' struggle during their husband's 15-month deployment in Iraq. The six wives each must learn to cope with their own challenging situations, constantly scanning the headlines to see if they still have husbands. One wife struggles with substance abuse, marriages are pushed to their breaking point, and others somehow find the strength to survive alone.



Heart of a Hawk: One Family's Sacrifice & Journey Toward Healing, by Deborah H. Tainsh, 192, \$14.95, ISBN 0965748383.

Heart of a Hawk is about David and Deborah Tainsh and the struggles they had to overcome when their only son, Sergeant Patrick Tainsh, was killed in Iraq. This book takes readers through David and Deborah's journey as they struggle with their son's death and try to keep their marriage together.



Available from: Military Child Education Coalition, 909 Mountain Lion Circle, Harker Heights, TX 76548, (254) 953-1923, E-mail: info@militarychild.org
Web site: <http://www.militarychild.org/publications/>

Deployment Booklet: How to prepare our children and stay involved in their education during deployment by The Military Child Education Coalition, 9 pages, \$1.50 or available for free .pdf download.

This booklet was created to help parents and educators, two groups who care deeply about children and support children during this potentially stressful time. It includes ways that parents and educators can work together to ensure the education process stays positive during a deployment.



Guard and Reserve Booklet: How communities can support the children and families of those serving in the National Guard or Reserves by The Military Child Education Coalition, 12 pages, \$1.50 or available for free .pdf download.

This booklet has two main goals. The first is to provide general information about both the National Guard and the Reserves, two of the three components of the United States military. The second and more important goal is to introduce concerned citizens and educators to issues facing children and families of those serving in these critical segments of the military and to assist communities in creating dynamic networks of support for these families.



Chart Your Course: Preparing for the Journey by The Military Child Education Coalition, 76 pages, \$8.00.

This book is a resource primarily to help parents but is also for grandparents, teachers, counselors, and others who care about the education of highly mobile children. One of the main goals of Chart Your Course: Preparing for the Journey is helping military-connected or other highly mobile students achieve a successful start to their educational careers. Other books in the Chart your Course series address subsequent grades and their respective issues.



Helping Children Cope with Military Life

Available from: Seeds of Hope Books, PO Box 25737, Woodbury, MN 55125, (800) 901-3480, Web site: www.seedsofhopebooks.com



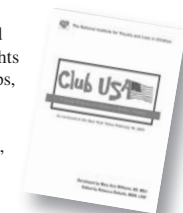
Finding My Way: A Teen's Guide to Living with a Parent Who Has Experienced Trauma by Michelle Sherman, Ph.D. and DeAnne Sherman, 129 pages, \$20.00.

Finding My Way is a resource for teens who may be frightened or confused by a parent who has experienced trauma. This practical guide would be helpful for children of military service members affected by combat operational stress. A new release for fall is a book created specifically for the military family composed of blogs by four teens describing their experiences before, during, and after deployment.

Available from: The National Institute for Trauma and Loss in Children, TLC Bookstore and Registration, 900 Cook Road, Grosse Pointe, MI 48236, (877) 306-5256, Web site: <http://tlcinstituteonline.org/store/index.php>

Club USA: A School Program for Children in Military Families by Mary Ann Williams, \$45.00, ISBN: 1-931310-24-6.

Club USA is a 10-session group program which includes sensory-based activities to help children of military families communicate their thoughts and worries. Activities address fear, worry, nightmares, safety, friendships, and family cohesiveness.



Available from: 7-Dippity, Inc., 1313 Ponce De Leon Blvd., Suite 301, Coral Gables, FL 33134, (866) 734-7748, FAX: (305) 443-3033, E-mail: info@7-Dippity.com Web site: <http://www.7-dippity.com/>

Helping Children Cope with the Challenges of War and Terrorism by Annette La Greca, Ph.D., Scott Sevin and Elaine Sevin, 35, Available for free .pdf download.

This book contains a series of activities designed to create a dialogue between parents and children on the topics of war and terrorism. The book addresses 13 topics related to military life, including conflict resolution, understanding Iraq, and coping with angry feelings. For each topic, there is an "Adult Page" on the left and a "Child Page" on the right. The parent-child activities offer ways for parents to help their children cope with feelings about war.





Lisset Madsen and her two children are very excited. Today, and almost every day, they will put in a DVD and enjoy a connection with husband and father Shawn who is deployed for three months. Shawn will read a favorite book to 3-year-old Lilliana and 2 year-old Shawn. It is an interactive, bonding time. The Madsen family lives in Virginia Beach near the Norfolk Naval Base. Lisset was a sailor herself for 8 years. Now she has a civilian job and also is the Homefront Coordinator of United Through Reading® for the USS Oak Hill.

"The program is great!" Lisset exclaims. "It enhances our quality of life. I can record the children's reactions and send the pictures to Shawn. It becomes a circle of communication." The Madsens have had to cope with multiple deployments – 4 in the last 4 years. In 2006, Shawn was gone for 2 months; in 2007 for 6 months; in 2008 for 7 months. Thus far in 2009, Shawn has been home for little over a month. "It is not only the deployments," explains Lisset, "but the preparation time. Getting a ship ready prior to deployment or getting it unpacked afterwards is extremely taxing. The sailors work long, long hours!"

United Through Reading® allows parents who are far away to focus solely on their child. The ship has an active duty member who records the parent reading books tailored for every age child. Lisset notes that she has copies of the books Shawn reads and that helps the children follow along. "It is priceless," says Lisset. "United Through Reading® allows their father to stay involved and eases separation anxiety."

United Through Reading®, a California-based nonprofit organization, operates a military program that allows deployed military personnel to keep in contact with their children or other younger family members through DVD-recorded readings of children's books. Sally Ann Zoll, Ed.D., the president and CEO of United Through Reading®, states that the program's purpose is to "provide an optimum opportunity for powerful emotional connections that relieve the stress of separation by having deployed parents read aloud to children via DVD."

United Through Reading® offers children a chance to see their parent's face, listen to their voice, and read along as their parent reads them a children's story. Through these DVD-

Spotlight: United Through Reading®

recorded sessions, the United Through Reading® military program aims to ease the children's anxiety about their parent's absence and strives to raise the morale of the child's caretaker while also providing educational benefits to younger children.

Children can spend as much time with the deployed parents as they wish by watching the DVD over and over again. In what is known as the *United Through Reading®* Circle of Communication, the child and spouse of the deployed parent are encouraged to take pictures of the child watching the DVDs and to send letters or e-mails to share the child's reaction with the deployed parent.

Founded by Betty J. Mohlenbrock in 1990 during the Gulf War, United Through Reading® is available in 200 recording locations around the world, including desert camps in Iraq and Afghanistan, nearly all ships deployed with the U.S. Navy, in USO locations around the world as well as other bases in places as far-flung as Djibouti, Africa, and Yukoska, Japan. To date, *United Through Reading®* has served over 150,000 beneficiaries in all service branches.

United Through Reading® is available to children ages 0 months to 16 years who are the children, nieces, nephews, siblings, or mentored students of deployed personnel. Along with serving the military, *United Through Reading®* also offers similar programs for incarcerated parents and grandparents who are geographically separated from their children and grandchildren.

There are positive responses from participants in the program that comes in a variety of forms ranging from pictures, to letters and phone calls. Kara Dallman, the director of business development at *United Through Reading®*, remembers receiving a picture in which a toddler was attempting to hug the TV in response to her dad's reading of her favorite story book.

Support for *United Through Reading®* comes from a variety of sources. The program has been supported by major corporations, such as Target. It also accepts private donations.

More information is available at: *United Through Reading®*, 11555 Sorrento Valley Road, San Diego CA 92121, (858) 481-READ, E-mail: info@unitedthroughreading.org Website: www.unitedthroughreading.org

Lisset Madsen can be reached at: lissetmadsen@yahoo.com



Strengthening Military Families

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using the Achenbach Child Behavior Checklist (Chartrand et al., 2008). Data indicated that children ages 1.5 to 3 reacted somewhat differently than children ages 3 to 5 years. Parents of children ages 3 to 5 years with a deployed spouse reported significantly higher internalizing, externalizing, and total symptom scores. These findings are similar to findings about children older than age 5, according to the researchers. However, younger children ages 1.5 to 3 years had significantly lower externalizing symptoms as measured by the CBCL.

Additional risk factors for children include being male, and family demographic factors such as lower education and lower social support (studies cited by Callahan, 2009; Chandra et al., 2008).

Children can experience the ultimate sacrifice of losing a parent. According to Defense Press Officer Melnyk, as of January 1, 2008, 1,350 fathers and 20 mothers have died in the Global War on Terror since 9/11/2001. These parents have primarily served in Iraq, Afghanistan, and other countries in support of those operations. According to a Congressional resolution, as of March 15, 2008, 3,400 children have lost a parent serving in the Armed Forces in the prior five years (National Month of the Military Child, 2008).

Effects of deployment on children are mediated by a number of influences. Perhaps the most important factor is the mental health and adjustment of the caretaker or remaining parent and how that adult deals with the departure. Other influences are the pre-deployment family relationships (the stronger the family, the fewer the negative effects); the age of the children/youth; the gender of the child; the meaning of the absence to the family; and the extent of danger to which the military member is exposed.

Effects on Adolescents

Although there is a tendency to focus on the effects of deployment on young children, adolescents may be especially prone to negative effects due to parent deployment. For example, Barnes, Davis and Treiber (2007) demonstrated that adolescents with a parent deployed in Operation Iraqi Freedom showed increased heart rate and blood pressure when compared to both civilian youth and to military adolescents with no parent deployed.

After deployment, adolescents may experience inconsistent parenting and new responsibilities and roles (Huebner & Mancini, 2005). Youth in military families are particularly affected by parental deployment because their coping repertoire is still developing. The stress from parental deployment is added to the usual pressures adolescents face and begins even before the parent leaves as the adolescent tries to achieve distance from the parent who is leaving (Huebner et al., 2007; Huebner & Mancini, 2005).

One group of researchers (Huebner, Mancini, Wilcox, Grass & Grass, 2007) have examined the role of uncertainty and ambiguity as it relates to parent deployment. Ambiguous loss occurs when a parent is absent for an uncertain amount of time. It is associated with several situations other than deployment, including cases where a parent has chronic physical or mental illness (and is therefore absent for indeterminate periods), missing parents, incarcerated parents, or sometimes in situations of adoption or divorce.

According to Huebner et al. (2007), adolescents who already face multiple normative stressors such as puberty and school transitions are stretched by dealing with stress from a parent's deployment. Adolescents, they maintain, are well aware of the possibility of losing their parent permanently through death or having a parent return home maimed or incapacitated. This awareness, they say, is reinforced on an almost daily basis by media coverage of the war events. The stress may be especially pronounced for adolescents whose parent(s) is in National Guard or Reserve units for whom extended deployments have not been common. The deployment stress may push the adolescents' limited coping resources beyond their capacity.

Using 107 adolescents (between 12 and 18 years old) enrolled in National Military Family Association camps in five states (including Virginia) Huebner et al. formed focus groups to collect data about the youths' impressions and adjustment. Most all of the youth had a parent deployed to Iraq or Afghanistan. They found four main categories of results: a) perceptions of uncertainty and loss; b) boundary ambiguity; c) changes in mental health; and d) relationship conflict.

Uncertainty and loss: When asked how they felt when they learned of their parent's deployment, youth offered terms such as "nervous," "worried," "confused," "mad," "lonely," "isolated," "sad," "afraid," and "shocked," with a few youth offering more positive words such as "proud." They described their loss in terms of what was missing in their everyday life- not having help with homework, not having guidance, and missing the parent attending activities.

Boundary ambiguity: Youth discussed mainly three areas of change as a result of parent deployment. One was changes in responsibilities such as additional chores or care for siblings. The second were changes in routines such as being unable to be on a sports team

due to lack of transportation with only one parent or missing activities that were unique to the missing parent such as going fishing or playing paint ball. The third area was reintegration of the returning parent. These comments captured the idea that the family had changed but the returning parent treated them as they had been rather than as who they now had become.

Changes in mental health: About a third of the youth mentioned changes in mental health. Symptoms consistent with depression were mentioned (loss of interest in activities; trouble sleeping; isolation; eating patterns changing; sadness; crying) and two youth mentioned being hospitalized for psychiatric reasons. There was a high level of anxiety expressed about the safety of their parent.

Relationship conflict: Youth discussed examples of greater intensity in family emotions and their own reactions of irritability, lower frustration tolerance, and "lashing out." They expressed concerns about their interactions with their caretaker (usually their mother) and her level of stress. They described changes in how they felt about both the deployed parent and the remaining parent. In some cases, the adolescents had become closer to their mothers and were feeling detached from the absent parent.

Adolescents can demonstrate maturity and resiliency in dealing with deployment and many have adaptive responses. Support from others can enhance the adolescent's coping skills. A mix of fun/distraction and a chance to talk with others who understand is attractive to many youth (Huebner & Mancini, 2005).

What About When the



Soldier is Mom?

In 2005, women comprised 200,470 or 16% of the active duty military force. Military women are less likely than military men to be married (43% of enlisted women in 2004 compared to 50.9% of men) or to have children. Dual-military couples account for about 14% of all military marriages (51% of married enlisted women are in dual-service marriages versus 8% of men). There were over 80,000 dual-military couples in 2004 (Office of the Under Secretary of Defense, Personnel and Readiness, 2005). While most dual-military couples do not have children,

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HELPING ADOLESCENTS COPE WITH DEPLOYMENT

Finding Meaning to Deal with Uncertainty and Loss

- Allow youth access to peers with similar issues and concerns
- Help youth reframe negative emotions

Boundary Ambiguity

- Help youth identify situations where they have control and those where they do not have control
- Use new roles and responsibilities as opportunities to gain skills and increase feelings of mastery
- Recognize past successes and encourage them to build on strengths
- Offer skill-building classes in specific areas of interest
- Recognize their contributions to their family
- Discuss whether or not role changes will be permanent

Changes in Mental Health

- Help youth develop a wellness plan that includes strategies for dealing with anger and distress
- Provide programs to parents and teachers about the signs and symptoms of depression in youth so they know when to refer
- Assist parents/caretakers with caring for their mental health concerns so they model healthy behavior for their youth

Relationship Conflict

- Help youth understand that it is acceptable to feel conflicted
- Be truthful about the uncertainty of the situation
- Help adolescents learn to express their thoughts and emotions
- Provide additional adults who can relate to the adolescent (preferably adults who can be ongoing support, not simply a temporary support)

Source: Huebner, Mancini, Wilcox, Grass & Grass, 2007

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Strengthening Military Families

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the numbers who do are growing (Segal & Segal, 2004).

The conflict in the Persian Gulf included a large number of women with 40,793 serving by the war's end (U.S. Presidential Commission, 1993, cited in Pierce, Vinokur & Buck, 1998). While literature about deployment of mothers is scarce, there is some data to consider. According to Kelley et al. (2002) children of married women usually stay with their fathers during their mother's deployment while children of single women typically stay with other relatives.

Pierce et al. (1998) studied 263 Air Force mothers 2 years after the Gulf War. The authors found that children of deployed mothers were at risk for adjustment problems. The risks increased significantly when the mother was deployed to a war zone, when there were difficulties in providing care for the children left behind, and when the deployment resulted in changes in the children's lives. An additional variable was the mental health of the mother. The authors felt it was encouraging, however, that children's adjustment problems during the deployment did not appear to be related to the children's adjustment two years later.

Kelley et al. (2002) studied the psychological adjustment of Navy mothers facing deployment. Single deployed mothers reported the highest level of depressive symptomatology. The authors suggest that separations from children may be more complicated for women who have traditionally borne the responsibility for child care and who have strong commitments to maternal roles.

A study of children's reactions to deployment (Kelley et al., 2001) found that children whose mother's were deployed had higher scores on measures of internalizing behaviors on the Achenbach Child Behavior Checklist than did children whose mothers were assigned to shore duties during the same time period. Internalizing behaviors include symptoms of anxiety, depression, withdrawal, and somatic symptoms. The authors note that these findings are similar to research on school-aged children whose parents were deployed during Operation Desert Storm/Desert Shield. In addition to the internalizing behaviors, the child care providers reported that children of de-

ployed mothers exhibited slightly higher rates of externalizing behaviors. The authors note that both groups of children scored within normal limits and the group differences were modest. Still, children of deployed mothers appear susceptible to increased levels of sadness and anxiety during the deployment period.

Does Deployment Affect Rates of Child Maltreatment?

Deployment, with its additional stresses, can affect how parents care for children. Two studies have examined child maltreatment rates as they impact deployment.

Rentz and colleagues (2007) undertook a time-series analysis of Texas data from 2000 to 2003. Among military personnel with at least one dependent, the rate of child maltreatment in military families increased approximately 30% for each 1% increase in the percentage of active duty personnel departing or returning from operation-related deployments. This correlation suggests that both deployment to a war zone and return from war is associated with higher rates of child maltreatment. The authors note that nonmilitary caretakers perpetrated the largest proportion of substantiated maltreatment in the military. This suggests that the stress of deployment and reunion on families who remain is great. The study did not distinguish between active duty service members and members of the Reserve Component.

Gibbs and colleagues (2007) examined substantiated incidents of child maltreatment in 1771 families of enlisted U.S. Army soldiers who experienced at least one combat deployment (either Afghanistan or Iraq) between September 2001 and December 2004. A total of 1858 parents in the 1771 different families maltreated their children. There were a total of 3,334 episodes of maltreatment involving 2,968 children.

Civilian mothers were responsible for 83% of abuse offenses during times of deployment and civilian fathers were responsible for 6%. During periods of non-deployment, soldier fathers were responsible for 54% of abuse incidents and civilian mothers were responsible for 35%. In these families, the overall rate of child maltreatment was higher during the times that the soldier-parent was deployed. Gibbs et al. found in substantiated cases that the overall rate of child maltreatment during soldier deployments was 42% higher than the rate of child maltreatment when soldiers were

not deployed. The rate of moderate or severe maltreatment was 61% higher during deployment.

During deployment, Gibbs et al. found that the rates of moderate or severe maltreatment also were elevated. For female civilian spouses, the rates of child neglect were almost four times as great during deployment and the rates of physical abuse were nearly twice as great during deployment. This trend was not present for male civilian parents. Other risk factors were elevations for non-Hispanic whites and for children in the age range of 2 to 12.

The authors note that the deployment places much additional stress on the parent remaining behind. The parent's ability to mobilize both internal and external resources and coping may result in positive adaptation to the challenge or can result in maladaptive responses such as child maltreatment.

Protective Factors

The military has benefits that can also be protective factors. Every soldier and his or her family have a regular income and medical care. Housing or a housing allowance is provided. There is always some degree of supervision of the service member.

Active-duty military are screened prior to entry for intelligence and aptitude. There is also screening for severe substance abuse, severe criminal history, mental health, and other health problems. Most service members have a high school diploma or GED (McCarroll et al., 2004).

A recent study of child maltreatment and substance abuse among U. S. Army soldiers (Gibbs et al., 2008) found that while military personnel were more likely to report heavy alcohol use during the prior 30 days (17% compared to 11% of the general population), they were much less likely to have used illicit drugs (3% compared to 12% of the general population). The authors note that the military has ongoing urine screening programs. Earlier research confirms that substance abuse problems were reported less often in military neglect than in civilian cases (Dubanoski & McIntosh, 1984).

Military families also have resources and support services aimed at mitigating challenging aspects of the military lifestyle. Family support services, as described above and in spotlights (this issue) assist troops and families in preparing for and coping with separations.

Other protective factors will vary from fam-



Spotlight:

Military Teens on the Move



Military Teens on the Move is a website that was designed by military teens for military teens. Once on the website, teens can view different tabs from the main menu. Tab titles include "We're Moving...Again!," "Your New Life," "Military Teen's Moving Guide," and "Living Your Life." There are inspiring quotes and stories from famous authors and poets, psychologists, and teens who have had the same experiences.

Displayed under the "We're Moving...Again!" tab are tips that the teens can use to help prepare. One tip is to talk about what is happening to friends, parents, or siblings, and to start a journal to record thoughts and feelings. The idea is to express emotions, and have them validated. A second tip is to learn about the new destination. Also discussed is how to make the most of the last few weeks in the current location. It is recommended to take many pictures with friends, visit places that have never been visited, and spend time with friends as much as possible.

The second tab on the main menu reads "Your New Life." The catch phrase for this portion of the website is "Information is Power." It is appropriately stated, as this site is where teens receive tips on how to access information on their new home. The teen may feel as though life is out of control; and that is a normal feeling at this time. There are tips about activities to participate in at a new

installation (military location). To the side of the page is a list of links specific to each branch of the military with ideas and suggestions on how the teen can be involved. Further, there are sections with activities to do in the new community, ideas about how to keep in touch with old friends, and suggestions for making new friends.

The third tab on the main menu is "Military Teens Moving Guide." This section is literally a guide teens can use to "pack up their lives" for transplant to a new town. Various things that can be packed by using the guide are the teen's belongings, family, and a pet (if applicable). Towards the bottom of the page is a link entitled TeenCentral, a place where teenagers are able to connect with others who are also experiencing hardships. Lastly under "Military Teens Moving Guide," is a section devoted to transferring schools. Here, military teens can read about how to feel secure at their new school even before arriving. Some tips include learning all you can about the new school and what classes and extra-curricular activities are available. One suggestion is to get involved right away to begin making new friends. There are links posted on the side as resources teenagers can use to find more information regarding their new school.

The fourth tab on the main menu is "Living Your Life." There is one simple message that was stated by the poet, Robert Frost: "In

three words, I can sum up everything I've learned about life. It goes on." This simple message explains to teens of the military that it is okay to live life and be open to new experiences. There are a variety of categories of tips for teens to browse. A few selected categories include information on youth centers, fitting in outside the U.S. (for those sent overseas), various aspects of typical teen life, career searching, and coping with deployment.

There is also an MTOM for Kids that contains much of the same information. However, this site is designed for children who are probably experiencing their first or second moves. It explains to the children that they are not alone, and all their feeling and emotions are normal.

One teenager's grandmother states it perfectly: "The only constant in life is change."

The Military Teens on the Move web site is provided as a public service by the Deputy Under Secretary of Defense for Military Community and Family Policy, Office of Children and Youth and the Defense Technical Information Center.

Webpage: <http://www.defenselink.mil/mtom/>

ily to family. Kelley et al. (2003) examined maternal and family factors that impacted adjustment of military children to moves. They found that positive relationships with mothers were related to fewer symptoms of loneliness and served as a buffer against isolation. Positive self-esteem in children was related to longer time periods in the child's residence, to positive mother-child relationships and to family cohesiveness. The mother's degree of depression predicted sadness, anxiety, and withdrawal in children. Overall, the stress of moving did not appear as important as aspects of maternal functioning. Thus, a protective factor may be maternal functioning and the development of a strong bond with children.

Promoting Resilience in Military Families

Resilience has been studied extensively in a variety of contexts. There are various definitions, but most contain two elements, according to MacDermid et al. (2008). These are exposure to adverse or traumatic circumstances and successful adaptation following

exposure.

At first resilience was thought to be a personality trait ("hardiness"). Later research revealed the importance of environmental support and the idea of a static trait was abandoned. Now, research is examining complex interactions between the individual and the environment. Rather than identify deficits and reduce or eliminate them, newer approaches seek to examine strengths and build on these to promote healthy developmental outcomes (MacDermid et al., 2008).

According to work by the Military Family Research Institute (MacDermid et al., 2008), the most consistent factor in children's resilience is high-quality parenting. To promote resilience, parenting must encompass two dimensions: warm/responsiveness and control (supervision; monitoring; demandingness). Authoritative parenting combines love and support with clear standards and firm control. Nurturance and support result in secure attachments, empathy for others, and good social skills. Setting expectations for behavior and consistently enforcing limits teaches children to self-regulate and to comply with environmental demands. In contrast, parents

who are either permissive or rejecting or both have children with poor outcomes.

Given their review of research, MacDermid and colleagues advocate for a theory-driven multi-system approach that is in place for an extended period of time. Interventions targeting parenting practices, parent-child interactions, and interventions helping children foster other adult relationships (such as with teachers) are especially beneficial. High quality day care might be one such program. Since child maltreatment rates are higher when one parent is deployed, helping parents cope with deployment stress can theoretically lower the incidence of child abuse and neglect.

Because the worlds of adolescents include considerable time with peers and with the community, promoting resilience can include positive peer support and involvement in the community. MacDermid and associates recommend the school-based Life Skills Training Program (for a review, see VCPN, volume 80) as well as Preparing for the Drug-Free Years and the Iowa Strengthening Families program (for more information on preventing underage drinking, see VCPN, volume 82).

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Virginia's Military Bases and Installations

Virginia is home to many military installations.



Fort Eustis - Home of the U.S. Army's Transportation Corps, Fort Eustis is located on the James River at the northern tip of Newport News. It is home to the 7th Transportation Group, the most deployed unit of the Army. There is a workforce of about 9,600 military and 4,150 civilian personnel. There are 1,350 housing units on-post with 1,100 military and 2,700 dependents.

Fort Myer - Located in Arlington, next to the Arlington Cemetery, it overlooks the Potomac River.

Fort A. P. Hill - Its 76,000 acres in Caroline County are dedicated to training. It is home to the national Boy Scout Jamboree every four years.

Fort Lee - Fort Lee is home to 9,445 military personnel and 9,000 family members. The population is expected to rise over 30% in 2010 and over 45% in 2011.



Fort Story - Located in Virginia Beach, Fort Story is a sub-installation of Fort Eustis. It's 1,451 acres of coastal natural resource features offer unique training opportunities to a variety of military units representing the Army, Navy, Marine Corps and Coast Guard.

Langley Air Force Base - One of the oldest continually-operating active air bases in the United States, its 2,900 acres are home for more than 8,800 military and 2,800 civilian employees.



Fort Monroe - Built between 1819 and 1834, it is located in the City of Hampton, and is a training facility.



Naval Amphibious Base Little Creek - The largest base of its kind in the world, it is the major operating station for the amphibious forces of the United States Atlantic Fleet. The base occupies 2,120 acres of land at the extreme northwest of Virginia Beach.



Marine Core Base Quantico - The "frontline of innovation," Quantico is known for professional military education and technological advances.



Fort Belvoir - Fort Belvoir has historic buildings that have been listed in the National Register of Historic Places. More than one-third of the installation's acreage has been preserved as a designated wildlife sanctuary. The Accotink Bay Wildlife refuge was established in 1980 and includes over 1,300 acres of marsh and hardwood forest. The Jackson Miles Abbott Wetlands Refuge, dedicated in October, 1989, includes 150 acres.

Naval Air Station Oceana - One of the largest and most advanced air stations in the world, comprising 6,820 acres. The installation population is approximately 9,000 active duty personnel and 2,500 civilians.

Naval Station Norfolk - The world's largest naval station occupies 3,400 acres of Sewell's Point.

"In total, in September, 2008 there were 123,577 active duty service members in Virginia at 22 military installations. These personnel have 121,049 children, with 45,941 (38%) of the children under age 6. Norfolk Naval Base has 39,042 children and Little Creek Naval Amphibious Base has 10,084 youth," remarks LTC Les' Melnyk, Defense Press Officer.

Virginia's National Guard

Since September 11, 2001 more than 3,360 soldiers of the Army National Guard and 1,085 airmen of the Virginia Air National Guard have entered active federal service.

Virginia's Picture

Virginia's Research Scientists

Angela Huebner, Ph.D.

Dr. Huebner is currently an Associate Professor in the Department of Human Development at Virginia Tech, housed at the Northern Virginia Center in Falls Church, VA. Her research has concentrated upon stresses facing adolescents in military families. She has spent the past 12 years developing and conducting staff trainings for youth development professionals in both military and civilian settings. Dr. Huebner also conducts family therapy with military families at the Fort Belvoir Chaplain Family Life Ministry and Training Center.

Dr. Angela Huebner can be reached at: ahuebner@vt.edu

Michelle Kelley, Ph.D.

Dr. Michelle Kelley of Old Dominion University has been studying single military parents. She notes that there are 86,000 single enlisted parents and 23,000 are single mothers. "There has been a call for research examining the effects of deployment on family members," remarks Kelley. "The families have unique needs. Enlisted women in the Navy are young and have young children. These children experience much change when their mothers are deployed."

Dr. Michelle Kelley can be contacted at: mkelley@odu.edu



Jay A. Mancini, Ph.D.

Dr. Mancini, professor of human development at Virginia Tech, as well as the senior research fellow at Virginia Tech's Institute for Society, Culture, and Environment, has been studying military families since 1980 when he



directed an evaluation of the U.S. Air Force Family Support Centers. He has conducted studies in connection with Army Child, Youth and School Services and Air Force Morale, Welfare and Recreation Services. Currently, he is collaborating with Angela Huebner on assessing the community connections of youth in military families, and is developing a longitudinal study of about 500 military families who are experiencing deployment.

Dr. Jay Mancini can be contacted at: mancini@vt.edu

Supports for Education

Supports for Schools

Virginia Joint Military Family Services Board

Virginia schools, particularly in the Virginia Beach, Chesapeake, Norfolk, Newport News, and Hampton areas, serve more than 76,000 children of military personnel. The Virginia Joint Military Family Services Board in 2003 undertook a project, creating a document, *Working with Military Children: A Primer for School Personnel.* The 55-page document is a guide for teachers and counselors to use with individual elementary-age children or with small or large groups.

The document opens with a useful glossary of military terms. It encourages school personnel to become familiar with military family resource organizations so school and military can better coordinate. They encourage schools to consider the Adopt-A-School program where a military command "adopts" a local school and the local community can become better acquainted with the military base.

Next, the document reviews deployment, its cycle, and the reactions of children. A list of general suggestions of ways to assist is included. Some exemplary efforts were noted and include:

- A Norfolk school that sponsored a "Deployed Dads" program. The class followed the Dad's journey and learned about the parts of the world he was in, wrote him letters, and the entire class was a support to the child.
- A Newport News elementary school dedicated a PTA meeting to persons serving in the Persian Gulf. Everyone wore red, white, and blue and the children's chorus sang patriotic songs. The event was taped and sent to the soldiers in the Gulf from Fort Eustis, a Virginia Army installation. The soldiers sent back a tape to the children.
- Many elementary guidance counselors offered deployment groups (see the description of the Great Bridge Intermediate School group and the Sewells Point Elementary School group, this issue).
- Peer counseling where older students more experienced with the stress of deployment are matched with younger students facing deployment of a parent for the first time, proved effective in some schools.
- Guest speakers helped students understand deployment. Speakers included a service member in uniform, a military spouse, and staff from local family support organizations.
- A puppet show, developed by the local Navy Family Service Center, helped elementary students understand and cope with stresses of deployment.

- Special ceremonies on Flag Day honoring parents who have returned home from overseas missions.

The guide contains discussion about children's reactions to homecoming and offers activities schools and teachers can do to assist with the transition.

The manual contains information about relocation. Exemplary efforts in this area include a Virginia Beach elementary school that holds a weekly "Welcome Seminar" for incoming students with a trained student in each classroom to assist new students during their first week at school. Other schools post pictures of newly arrived students and offer a send-off to those leaving that includes pictures of the school and the child's friends.

A chapter on crisis contains information on child reactions and possible school responses. They cited networking among school guidance counselors and coordinated training efforts between schools and military installations. The last 18 pages of the manual contain suggested activities. All schools might find this document helpful, but those schools near military installations will find it invaluable.



Governor Kaine signs the compact
Virginia Joins Military Children's Compact

In 2009, Virginia legislators voted to join the Interstate Compact on Educational Opportunity for Military Children. The purpose of the compact is to remove barriers to educational success imposed on children of military families due to frequent moves and deployment of their parents. Participating states become part of an interstate commission that works cooperatively to ease administrative impediments to enrollment, class placement, credit transfer, graduation, and participation in extracurricular activities for military children who are relocating between states.

Virginia has allocated funding to support a full-time position at the Department of Education to assist in the compact implementation. As the state with more military children than any other state (approximately 76,000), the legislation will impact many children.



Dependents Education Program

In 2007, Virginia established the **Virginia Military Survivors and Dependents Education Program**. This program allows qualified survivors and dependents to be admitted free of tuition and all required fees to any public institution of higher education or to any other public accredited postsecondary institution granting a degree, diploma, or certificate in the Commonwealth of Virginia. The program also provides financial assistance for board and room charges, books, supplies, and other expenses. The eligible student must be accepted and enrolled in a Virginia public college or university. For complete information about benefits and eligibility see: www.schev.edu/students/factsheetVMDEP.asp or contact the State Council of Higher Education for Virginia.

Saint Leo University

Soldiers and their family members can earn a bachelor's degree without leaving the base through the numerous academic programs offered by Saint Leo University, the sixth largest provider of education to the military. Marilyn Mallue teaches Psychology courses at Fort Eustis and Langley Air Force Base. "In addition to traditional classroom offerings, we have a large online component," Mallue relates. She notes that Saint Leo University specializes in non-traditional students.

Many Virginia military members are taking advantage of the regional centers. At the Fort Eustis Center, 483 are enrolled. The Center at Fort Lee has attracted 178 students. Langley AFB has 810 and the South Hampton Roads Center (which services the Naval Air Station Oceana, the Naval Amphibious Base Little Creek, and the Naval Station Norfolk) has 1,400 students. "We expect our numbers to increase due to the new GI Bill that allows benefits to dependents," says Mallue.

Saint Leo University has over 58,000 alumni who live in all 50 states, 4 territories, and 58 countries. In addition to bachelor's degrees, the University also offers master's degrees, pre-professional programs and accelerated learning.

For more information, visit:
www.saintleo.edu

Great Bridge Intermediate School

Military Survivors and



Virginia's Picture

For the past three years, Stan Hoskin, EdS, school counselor, has offered a Deployment Group to support students with deployed parents. With the Norfolk Naval base (the largest Naval base in the free world) close by, most of the students have a Navy connection. Each Friday throughout the school year, Hoskin meets with either the 3rd grade members or with the 4th and 5th grade members. With 28 eager student members, he had to divide the group so each child could receive adequate attention.

Colonel (Retired) Hoskin is the perfect selection for a group leader. He has accrued more than 33 years of service in the Army as a helicopter pilot. "I came off active duty in 1986 and completed a Master's degree in counseling at Regent University. After graduation, I worked 10 years as a school counselor and became a Licensed Professional Counselor (LPC). I was called to active duty in 1998 and mobilized in 2001 after 9/11, serving until my retirement from the Army in 2006. I then returned then to school guidance counseling."

Another counselor, Ms. Pack, had been offering the Deployment Groups in years past. Colonel Hoskin agreed to accept the assignment. He describes the goals and approaches of the group. "We offer a support group that is a 'touch point' and a place to share. I have a bulletin board with pictures of each deployed person and a power point slide set. We review each person and every child has the opportunity for an update or to talk. Most have fathers who are deployed but there are also moms, cousins, sisters, and brothers who are deployed."

The group has special activities as well as providing support to the students. At Christmas they make special cards and packages. They also partner with a Boy Scout Troop that sends "care packages" to deployed soldiers. Last year there were 4 to 5 parents who returned from deployment prior to the end of the year. They came to the group to talk, give presentations and celebrate their homecoming. Recently, one special guest was a members' brother who was back for a two-week respite from Army duties in Iraq. The Navy's Mid-Atlantic Regional School Liason Officer came to one meeting last year to describe support services available from Navy Family Services. This year, parents are invited to hear their presentation entitled, "School's Out! Now What do We Do While We Wait for the Ship to Return?" which provides ideas to the families for the summer.

Hoskin says he can empathize with his stu-



Stan Hoskin (right) and his son

dents. His oldest son was just deployed for his second tour in Iraq and flies Army Blackhawk helicopters. His youngest son is a pilot for the Air Force and his daughter is married to a Coast Guard member. Thus, he is sensitive to what it is like to be the military member in 140-degree desert heat and to the experience of being a family member on the home front supporting a loved one in battle.

Hoskin notes that children's needs are somewhat different depending upon what phase of the deployment cycle they are experiencing. "There is much anger, grief and anticipatory loss as the family prepares for departure," he explains, "while the issues during the deployment are maintaining daily routines and how to keep communication with the deployed family member. Then there is an adjustment when the deployed person returns."

"The group is very gratifying," says Hoskin. "In the military, the strongest bond is with your family. If the family is healthy, then the members of that family thrive. The Deployment Group is one way to help keep the bonds with the deployed person strong."

Stan Hoskin, LPC, is the 2009-10 President of Hampton Roads Virginia Counselor Association (HRCA), a long-time foster parent, an adoptive parent, as well as retired military and a school counselor. He can be reached at: hoskith@cps.k12.va.us

The Home Front: Virginia Public Schools

and Children of the Military

www.doe.virginia.gov/vdoe/military/

This web site was developed by the Virginia Department of Education in collaboration with the Virginia National Guard Family Assistance Center to provide educators with easy access to resources on children of mobilized military personnel. The mobilization of a National Guard or reserve unit in one city, town, or county can affect students in school divisions across the Commonwealth. The site lists policy, guidance, legislation, and resolutions of the General Assembly. There are links to a variety of resources.

Jim Webb Requests \$5 million for Military Children with Disabilities

On May 19, 2009, Senator Jim Webb sent a bipartisan letter to the Chairperson and Ranking Member of the Senate Defense Appropriations Subcommittee requesting \$5 million in Impact Funding from the FY 2010 National Defense Authorization Act to assist local Virginia school districts. Local Virginia school districts have experienced enrollment of an increasing number of military children with disabilities due to 2005 Base Realignment and Closure recommendations.

In his letter, Webb notes that the costs of special education are high and can be upwards of \$100,000 per year. Webb states that school districts with a large military presence have higher percentages of students with disabilities in part because military personnel who have children with disabilities often receive compassionate post assignments to those districts with strong special education programs. According to his press release, historically Virginia has received the largest portion of this Impact assistance. In 2006, Virginia received \$2.1 million for military children with disabilities.

Virginia Wall of Honor Memorial

The Virginia Wall of Honor was unveiled in 2007 to honor Virginia's fallen heroes in the Global War on Terrorism. Beginning with the attack on the U.S.S. Cole in October, 2000, the Wall of Honor contains the names and profiles of Virginians throughout the Commonwealth and from all branches of the Armed Services. The Wall of Honor is located in the lobby of the Pocahontas Building, 900 E. Main Street, Richmond. It is open to the public.



Spotlight: Operation Purple

Each summer, the National Military Family Association offers summer camps to children of deployed military members free of charge through its *Operation Purple* program. Camps are available to children of both active and reserve components of the military and to children of military members in all ranks and service branches. The program is called *Operation Purple* Camp because when the colors of all military branches are combined, the result is purple.

Operation Purple summer camps assist military children in learning coping skills, forming relationships with other military children, and providing a place where youth can have fun. Mental health consultants are on site at each of the camps to help children who may be homesick or having problems adjusting, but they do not offer counseling or therapy to the children.

During the children's one-week experience, there are various activities available that teach communication, team building, service, and environmental conservation. There are also military-themed activities such as the construction of a "Wall of Honor" made of pictures and stories about each camper's serving parent(s). The Wall also includes what the parents' service means to the child, and how the child feels about the service. The children are given the opportunity to listen and learn from military speakers, typically those who have children and have been deployed. This is done to give the children a better understanding of the parents' viewpoint and emotions on leaving family, as well as other experiences.

An important part of the camp is the phrase "Kids Serve Too." "Kids Serve Too" simply means that although the children do not go to training or fight everyday, they still make sacrifices. VCPN asked Patty Barron, Youth Initiatives Director for the National Military Family Association, if she thought that the children who participate in the camps take the message seriously. She replied "Yes, they do because they understand what the statement means and they understand why they are unique." The children are each given a rubber bracelet with the statement printed on it, as an everyday reminder.

Sarah Hutchinson, the application liaison for Virginia, added "there is evidence that the older children understand the phrase 'Kids Serve Too' and understand their parents' jobs more so than the younger children. The older campers also exhibit greater leadership skills, such as looking after younger siblings, especially if they have a parent who has been de-



ployed at some point. Hutchinson notes that "youth enjoy the opportunity to 'be a kid' while attending camp."

Barron commented on the impact of the camp on families "Since the children are feeling encouraged and spirited, the parents have some of their worry relieved." *Operation Purple* staff surveyed 10,000 parents, and received responses from 2,500. Of these parents, 90 percent stated they were either satisfied or very satisfied with the *Operation Purple* program. This satisfaction rate suggests that the camp is meaningful.

The *Operation Purple* program began with Sears American Dreams Campaign donating a large sum of money to the National Military Family Association towards a program that would help military children to adjust and cope. In 2004 there was a pilot season of twelve camps nationwide. The camps were popular and over the past five years have served 20,000 military children. This past summer, there were 62 locations in 37 states and territories which served nearly 10,000 children through a donation from Sierra Club and the Sierra Club Foundation.

There is one camp in New Castle, Virginia. Sarah Hutchinson reported that the 2008 *Operation Purple* camp was able to accommodate a record number of campers for the Commonwealth. This year, there were two consecutive weeks of camp with 60 children per week. Typically, there are over 500 applicants and due to space and resources, not every applicant has been accepted.

Hutchinson explained the three-tier system used to determine which children are accepted. The first tier is any child whose parent(s) has been deployed in a 15-month



window and who has never attended an *Operation Purple* camp before; the second tier is any child whose parent's deployment is in that 15-month deployment window and who has attended an *Operation Purple* camp before; the final tier is any child whose parent(s) is in the military.

Operation Purple has been evaluated for its effectiveness (Chandra et al., 2008). Researchers visited five camps in five states. They assessed the children prior to camp, at the end of camp, and three months after camp concluded. A total of 192 children and their families participated, dropping to 110 by the end of the study. The vast majority of children who had a parent deployed felt that teachers (80%) and other youth (96%) understood very little about what life was like for them. *Operation Purple* camp met or exceeded expectations and over 90% wanted to return the next year.

There are innovations in the planning stage. Barron explained, "The National Military Family Association is currently piloting *Operation Purple* Teen Leadership at three separate camp sites as well as partnering with the national parks for *Operation Purple* family retreats."

In closing, Barron states "There is more of an interest in military children now than there ever has been because it is now understood that they face special challenges. This is beneficial because now programs and activities are being created to provide military children with the assistance and encouragement they need."

More information is available from:

Patty Barron, Youth Initiatives Director,
The National Military Family Association,
2500 North Van Dorn Street, Suite 102,
Alexandria VA 22302,
(703) 931-6632, FAX: (703) 931-4600,
E-mail: opc@militaryfamily.org
Web site: [www.nmfa.org/site/](http://www.nmfa.org/site/PageServer?pagename=op_default)
[PageServer?pagename=op_default](http://www.nmfa.org/site/PageServer?pagename=op_default)

Sarah Hutchinson, Application Liaison for
Virginia, *Operation Purple*, 8003 Franklin
Farms Drive, Suite 100, Richmond VA,
23229, (866) 874-4153
E-mail: shutchinson@va.easterseals.com

Spotlight: New Parent Support Program



The New Parent Support Program (NPSP) began in the 1995 with the goal of educating new parents. This program was designed because the usual stress of parenting is greater for the military families. NPSP reaches out to new parents to try to teach parents how to respond and deal with these stressors in a composed manner. Services are provided for parents from conception until the child reaches the age of three.

In Alexandria, Virginia, the Family and Morale, Welfare and Recreation Command provides oversight for the Army's NPSP. The New Parent Support Program Manager, Marilyn Betton explains, "The goal of the program is to deliver services to parents in their homes and to promote positive child and family functioning to parents in their homes." The main service provided to families is the Home Visitation program. Some speciality programs that are offered through NPSP are: In-

fant Care & Parenting Class; 12 Things to Know in the First 20 Weeks; Dad's 101; and Play Morning.

Since the New Parent Support Program is an Army-wide program, it is funded in part by the Office of the Secretary of the Defense and there is no cost to the soldiers or their families. There are certain families who are targeted and only a few requirements according to Betton. "Eligibility is for military ID cardholders. We target families with a 0 to 3-years-old child who have been assessed as high risk for child abuse or neglect. Parents are screened by Home Visitors who are Licensed Clinical Social Workers or Registered Nurses." The NPSP only provides services for primary and secondary prevention; therefore, families who have a history of child abuse or neglect are referred to the Family Advocacy Program for ongoing treatment.

Recent trends have shown that there has been an increase in child abuse and neglect since the war, thought to be due to the stress associated with parents being deployed. In response to this increase, the Army is continuing to increase the level of support provided to families who are experiencing a crisis like deployment. Betton says, "We are confident that the overall impact of the New Parent Support Program will be a decrease in child abuse and neglect." NPSP now teams with Zero to Three, The Parent Review, and The National



Fatherhood Initiative to provide education and training to military providers. According to Betton, "These programs recognize the impact of multiple deployments and seek to alleviate some of the stress experienced by families and provide services as well."

There is research data to support Betton's impressions. Kelley, Schwerin, Farrar & Lane (2007) evaluated the U.S. Navy NPSP. They surveyed 27 NPSP Navy-wide. A total of 821 program users returned surveys. The majority of the participants indicated that the NPSP was either better or much better than they expected for both the parenting classes and the home visiting services. They reported that the program enhanced parenting and coping skills, showed the Navy's caring and concern for their family, and improved their quality of life.

For more information, contact: Marilyn Y. Betton, LCSW, New Parent Support Program Manager, Family and Morale, Welfare and Recreation Command, 4700 King Street, Alexandria, VA 22302 (703) 681-7400, FAX: (703) 681-5898, E-mail: marilyn.betton@us.army.mil

Spotlight: Operation Military Kids



Operation Military Kids is a program created by the U.S. Army. It supports military children who have been affected by the War on Terror, and the program is available to families of personnel in the National Guard, Reserve units, and Active Duty. Operation Military Kids relies on the assistance of programs such as the Boys and Girls Clubs of America, the National Association of Child Care Resource and Referral Agencies, and the Military Child Education Coalition in helping to make the deployment of a parent easier for the child. Currently, thirty-four states participate in Operation Military Kids.

Operation Military Kids has a multifaceted infrastructure. "Ready, Set, Go! Training" is a workshop designed for educators and counselors and offers insight into the needs of military children. "Hero Packs" are backpacks filled with gifts by non-military children and are intended to pay respect for the difficulties that military youth undertake when a parent

is deployed. "Speak Out for Military Kids" (SOMK) is a youth-led initiative that presents videos, public service announcements, and other information on life in a military family and enlightens the community. Finally, programs that support Operation Military Kids, such as The American Legion and the Boys and Girls Clubs, can opt to provide "Mobile Technology Labs". "Mobile Technology Labs" include laptop computers, digital cameras, and scanners that allow children to send messages to their deployed parent.

In Virginia, Operation Military Kids is based in Petersburg. Virginia's Operation Military Kids partners with Army Child and Youth Services, Virginia 4-H, the U.S. Army Reserve, the Virginia National Guard, the Community Builders Network, the American Legion, the Boys and Girls Clubs of America and other local community organizations. Louetta Jones is Virginia's coordinator for Operation Military Kids. She comments, "Virginia's program attempts to link military youth together through local and state programs such as 4-H and the Boys and Girls



Clubs. We also train youth advocates through the SOMK project. Children and youth are able to connect with deployed parents through the Mobile TECH Lab, a suite of 15 computers, DVD burners, and digital and video cameras." According to Jones, the program also provides the usual infrastructure by providing "Hero Packs", "Ready, Set, Go!" training, and "Mobile Technology Labs".

More information on Virginia's Operation Military Kids is available from Louetta Jones, 400 Farmer Street, Suite 218 Petersburg, VA 22803, (804) 733-1880, E-mail: lojones@vt.edu.

Spotlight: ZERO TO THREE



ZERO TO THREE is a national non-profit organization that promotes the health and development of infants, toddlers, and their families. Founded over thirty years ago, *ZERO TO THREE* focuses on many topics important during early childhood including: brain development; child care; child maltreatment; military families; play; temperament; and infant behavior. The organization's website offers brochures, training programs, and articles for parents and for professionals who serve infants, toddlers, and their families. Each resource is well-researched and the site as a whole contains a vast array of information.

The section of the website that examines military families offers a wide variety of resources. Included are: videos of military personnel sharing their experiences; documents on how to handle everyday tasks when a parent is deployed; links to other military support sites; flyers; and brochures. The brochures, which are particularly helpful,

cover topics ranging from deployment to expecting families to understanding stress. Each begins by encouraging parents to communicate with their babies or toddlers and offers basic advice. Useful information, such as deployment cycles and relevant resources, are also included in each brochure (see separate review of these resources, below).

ZERO TO THREE also conducts an initiative called the "Coming Together around Military Families." This initiative, which is being implemented in many states and military bases, is designed to increase awareness among parents and professionals about the impact of trauma, grief, and loss on very young children in military families and to build the knowledge and capacity of professionals in many disciplines to support these families.

Contact: ZERO TO THREE,
2000 M Street, NW Washington, DC 20036.
Phone: (202) 638-1144.



Website: www.zerotothree.org

To subscribe to a parent e-newsletter offering science-based information on how children learn and grow each month from birth to age 3, visit www.zerotothree.org/baby2bigkid



NATIONAL MONTH OF THE MILITARYCHILD

The daily struggles and personal sacrifices of children of members of the Armed Forces often go unnoticed. The National Month of the Military Child is observed in April each year. It is a time to recognize military children for their contributions and sacrifices. The month-long salute to military children is a way to honor, support, and thank these children and encourage support for the organizations that serve them. All Americans are urged to join with the military community with appropriate ceremonies and activities.

Resources From Zero to Three

Supporting Babies and Toddlers in Military Families: A Professional Guide

This resource is for childhood educators, mental health providers, home visitors, health care providers and other professionals who interact with military families. Resilience is a major theme as the publication discusses how professionals build relationships so they can support military families. Professionals can help parents be aware of what they may experience and feel and they can help connect parents to additional sources of support. They can sensitize parents to the perspective of babies and toddlers and how young children may try to communicate their feelings. The Guide outlines strategies to help parents celebrate the joy and wonder of babies and toddlers, even in the midst of the additional stresses of military life.

Combat Stress: Injuries of War

This brochure is for parents and for the general public. It explains combat stress injuries and how to recognize them. There are practical suggestions for management not only for the veteran, but for families and young children. Help for healing and information sources are included.

New Families: Nurturing New Relationships

Along with general information about babies and young children, this brochure offers specific ideas for military families such as having the military parent make recordings of singing and reading so the new baby can become accustomed to the absent parent's voice.

DEPLOYMENT: Keeping Relationships Strong

This publication discusses the power of relationships and how parents can stay connected to their children. There are practical suggestions to try such as making a "message box" before leaving with letters, pictures, and drawings. Periodically, the child can take a message from the box.

HOMEFRONT: Taking Care of Yourself

This brochure is for the parent who remains at home during deployment. It talks about changes to notice that might indicate need for additional support. There is information about young children's perspective and how parents can support their children through difficult times.

HOMECOMING: Reconnecting After Separations

This brochure discusses the cycle of deployment (sometimes called the spiral of deployment) and the range of responses to homecoming. Children's experiences and how to support children through this transition are discussed.

Contact: ZERO TO THREE, 2000 M Street, NW Washington, DC 20036. Phone: (202) 638-1144.

Website: www.zerotothree.org

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Spotlight: The Department of Defense



The Department of Defense has taken notice of the trials and tribulations that children with parents in the armed forces may face. It can be difficult having a parent either deployed, or waiting to be deployed, with the child not knowing if he or she will ever see mom/dad again. The Department also realizes the stresses faced by children whose parents who are not deployed or who are waiting for deployment, but are still on duty or in training.

In response to the difficult adjustments that military children and families experience, the Department of Defense has created programs to assist children and youth in coping. The programs include the following: child development centers; in-home child care; school-age programs; and youth programs. All programs must follow clear standards. The department conducts inspections and gives certification to programs to ensure that the standards are met.

Child Development Centers

- Offers care to children between the ages of 6 weeks to 12 years;

- Offers full-time care year-round;
- Also provides part-time care, hourly care, and some care during events and briefings;
- Most children who are given care are 5 years or younger;
- Centers range in size from 25 to 300 children while the average center serves 200 children;
- Staff to child ratio is typically 1:7 with no more than 12 children per staff member;
- The major goal is to help children develop a warm, home-like setting and to have children feel safe as well as challenged.

In-Home Child Care

- Offers care for small groups of children in the caregiver's home with no more than six children under 8 and no more than two children under 2;
- May provide after school or before school care;
- Hours may also include extended, week-ends, vacation, summer, and during events and briefings;
- Programs are encouraged to become accredited by the National Association for Family Child Care;
- Children's ages range from 2 weeks to 12 years.

School-Age Programs

- Designed to "compliment" school;
- Hours of operation are typically before and after school, holidays, and summer

day camps;

- Goals are to create a familiar, safe place for children, and to build teamwork, responsibility, and self-confidence, usually through recreational activities;
- Various activities include providing snack, homework help, arts and crafts, and team sports;
- Partnerships with Boys & Girls Clubs of America and 4-H clubs expand the possibilities for activities and programs.

Youth Programs

- Offer more freedom than the other programs as long as parental consent is given (less structure, more choices, and more open recreation);
- Are typically geared to the older children of the military community;
- Goals are to offer opportunities for physical fitness, leadership and career training, volunteerism, arts and recreation, mentoring and support.

Being able to continue in a similar youth activity program can help a teenager make the transition to a new location. The Department of Defense is in the process of developing models and policies for youth programs to follow.

Source: Military Spouse Career Center. (2005). Military child development and youth programs. Retrieved October 1, 2008. http://www.military.com/spouse/fs/0,,fs_youth_prog,00.html



The Military Family Research Institute was created in 2000 through a cooperative agreement with the Office of Military Community and Family Policy in the Department of Defense. Shelley MacDermid Wadsworth, Ph.D. is the director of MFRI. She has a specialty in the intersection of work and family (organizational policies and practices; family functioning; work-family conflict). "MFRI was a natural extension of my work," explains Dr. Wadsworth.

For the first five years, the focus of MFRI research was the connection between quality of life for families and performance, job satisfaction, and retention. In 2007, MFRI received funding through a grant from the Lilly Endowment, allowing the organization to expand its mission to include the development and delivery of outreach services. Research projects have been in three main areas: extending the research on the effects of military service on children, youth and families; increasing knowledge about the families of Na-

tional Guard and Reserve members; and examining family adjustment to wounds and injuries.

Already, the MFRI has learned a great deal about resilient children. Dr. Wadsworth characterizes children who are resilient as those who have human capital (intellect; temperament; education; socialization) and who also have social capital (ie. close, caring, ongoing relationships). Guidance should be firm but not harsh.

In addition to spearheading research efforts, MFRI has partnered with the Indiana National Guard, the Indiana Association of Marriage and Family Therapy, and others to create training and educational opportunities. Dr. Wadsworth explains the complexities of returning from deployment and reintegrating into the family unit. "The parent must re-establish relationships with the children. They are older and their interests and leisure activities may have changed. The family needs to relearn how to depend upon each other. There are issues to talk about and to recover from.

The parent may need to transition to the civilian job market."

A pilot test of a new program called Passport Toward Success with 150 families with the 76th Brigade Combat Team was a success. "We are now revising the curriculum based on our experiences," Dr. Wadsworth added. She stressed that MFRI does not offer any direct clinical services.

Dr. Wadsworth has served as the Director for MFRI since its creation. She is the author of more than 90 research articles, chapters, books and presentations. Readers may reach her at: Military Family Research Institute at Purdue University, Purdue West Down Under, 1402 W. State Street, West Lafayette, IN 47907-2062, (765) 494-6026, FAX; (765) 496-1144, E:mail: Shelley@purdue.edu



Spotlight: Purdue University

Combat Stress and Injury



Combat impacts every soldier mentally and emotionally. Combat stress can lead to lasting adverse effects. These injuries should be viewed as combat injuries. Even the most able and fit soldier can suffer stress-related injuries. According to ZERO TO THREE (2007), there are three types of stress injuries. **Traumatic stress injuries** are caused by extraordinary events that involve terror and/or helplessness. **Operational fatigue injuries** are due to “wear and tear” as small stresses build up through repeated exposure (such as multiple deployments) or through lack of rest and recuperation. **Grief injuries** are the third subtype. These stress injuries are due to loss.

Stress injuries are characterized by recurrent and intrusive distressing recollections or nightmares of the traumatic event. Objects or situations similar to the traumatic event can trigger psychological distress and even symbols of the event can trigger negative reactions. The soldier may be unable to recall parts of the events. The stress reaction is characterized by disturbed sleep patterns; difficulty concentrating; hyper-vigilance; exaggerated startle responses; panic attacks; irritability; and outbursts of anger (Diagnostic & Statistical Manual of Mental Disorders-IV, 2005). Sometimes the stress reaction is complicated by substance abuse (ZERO TO THREE, 2007).

The Ceridian Corporation (Doran et al., 2004; Burke et al., 2004) conceptualizes combat stress reactions in three categories: brief combat stress reactions; behavior changes; and post-traumatic stress disorder (PTSD). Brief combat stress reactions can range from exhaustion to hallucinations. Behavior changes can range from recklessness to brutality. PTSD includes persistent re-expe-

riencing of events, avoidance of reminders, and hyper-arousal. PTSD is characterized as a combat or occupational stress reaction that continues for more than four weeks. Signs of stress can be physical symptoms; mental signs; emotional symptoms; and behavioral change.

It is important to note that stress reactions are expected. When they persist or when they interfere with daily functioning, the soldier may need professional help. These injuries can surface days, weeks, or even years after the traumatic or difficult events. No one knows for certain why some soldiers experience stronger stress reactions than others.

Doran et al. (2004) discussed factors that contribute to stress reactions. In addition to factors that have been identified based on previous combat experiences (such as the sight and smell of close friends who have been killed; ongoing exposure to danger; killing others at close range; overwork), there are aspects of modern warfare that expose soldiers to additional risk factors. Today, operations can be continuous due to all-weather, and night-and-day equipment meaning that there might be no “down” time or safer time period. Soldiers may not be able to identify the enemy, especially in cases of suicide bombings. In addition, rules of engagement may limit a soldier returning fire or protecting self and others. Enemies may use new and unexpected tactics. Finally, knowing that the war generates debate on the home front might cause a soldier to feel more stress.

Who Is Affected?

Psychologists estimate that approximately one in six service members who are deployed to Iraq or to Afghanistan experience PTSD symptoms. For soldiers wounded in action, the estimate is that one in three will suffer from PTSD and the rates are thought to be higher for National Guard and Reserve soldiers (Munsey, 2008). So far, about 1.6 million service members have been deployed to Iraq or Afghanistan, making over 250,000 soldiers at



risk for PTSD symptoms.

The actual numbers seeking help are lower. As of January, 2009, the Veteran's Administration reported 178,483 veterans of Afghanistan and Iraq had been diagnosed with at least one mental illness. The diagnoses included PTSD (92,998); depressive disorders (63,009); psychotic conditions (35,937); drug abuse or dependency (27,246); and alcohol dependence (16,217) (Cogan, 2009).

Traumatic Brain Injury

Another injury that can compromise parenting is traumatic brain injury (TBI). Between 45,000 and 90,000 military members or veterans may suffer the effects. TBI symptoms include altered mental processing; difficulty concentrating; short-term memory loss; headaches; anger control difficulty; irritability; fatigue; sensitivity to light and sound; and altered sleep patterns.

According to the Defense and Veterans Brain Injury Center (DVBIC), TBI was present in 14 to 20% of surviving combat casualties in prior conflicts. Preliminary information from the Middle East suggests the percentages are now much higher. Certain military assignments carry above-average risk for TBI. TBI is a major cause of life-long disability and death. DVBIC is a group of multi-site TBI programs in the Department of Defense and Department of Veterans Affairs hospitals and civilian TBI rehabilitation programs. These DVBIC sites have the goal of ensuring expert care coordination and individualized, evidence-based treatment to each patient to maximize functioning.

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Military OneSource

MilitaryOneSource is a 24/7/365 resource for military members and their families. The website links to a comprehensive body of information on topics such as childcare, personal finance management, relocation assistance and emotional support during deployment. Web site: <http://www.militaryonesource.com>

Real Warriors Campaign

Created by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, the Real Warriors Campaign promotes resilience and recovery for service members returning from war and combats the stigma associated with seeking psychological care. The website features stories of service members who successfully sought treatment and information about a 24/7 confidential call center for military members and families. Web site: <http://www.realwarriors.net/>



National Center for PTSD:

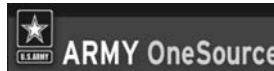
“Returning from the War Zone: A Guide for Military Personnel”

Available from: <http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/GuideforMilitary.pdf>
This resource assists returning service members in recognizing and getting help to cope with combat-related stress during the transition back to civilian life. “Combat Stress Reactions” involving emotional arousal or re-experiencing combat situations are common for returning military personnel, and for some number of returning service members, symptoms will persist and develop into post-traumatic stress disorder (PTSD). Preliminary estimates suggest that upwards of 18% of Iraq veterans and 11% of Afghanistan veterans will develop PTSD. In family life, veterans with PTSD may experience feelings of detachment and may withdraw from loved ones. PTSD can also lead to depression, suicidal ideation, aggressive behavior, or substance abuse. The National Center for PTSD encourages veterans to disregard the stigma associated with seeking help and seek assessment and treatment if they experience post-traumatic stress symptoms.



Army OneSource

Recently-launched ArmyOneSource is a comprehensive resource for active and reserve and National Guard Army members and their families. The website provides information on family and child/youth services and health care, among other important topics. Web site: <http://www.myarmyonesource.com/default.aspx>



Combat Stress

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Substance Abuse

According to the Defense Centers of Excellence in a June 15, 2009 press release, today's returning soldiers are most likely to become addicted to prescription medications. These include opiates prescribed to ease stress or pain and stimulants used to stay alert in combat situations. Excessive use of alcohol remains a concern as well. The article cites an unnamed study showing that 43% of active-duty military personnel reported binge drinking within the past month. Today's returning veterans may be at especially high risk of binge drinking upon return and suffering alcohol-related harm.

The DCoE notes that returning veterans are screened for addiction and mental health problems. However, many soldiers are reluctant to admit to problems. The DCoE website contains ideas about dealing with the challenges of returning home with an addiction.

Suicide Prevention

Suicide prevention is a particular concern. Rates of suicide have escalated for military soldiers in recent years. In 2004 there were 64 suicides, about half the number in 2008 which was at 128 confirmed by Army members and 41 by serving Marines. The number may be higher as 15 suspicious deaths are still under investigation. The rate is said to be 20.2 per 100,000 soldiers, slightly higher than civilian rate of 19.5 per 100,000 (U.S. Senate Subcommittee on Personnel, Committee on Armed Services, March 18, 2009).

In calendar year 2009, there have been 82 reported suicides, according to a June 11, 2009 release from the Defense Centers of Excellence (www.dcoe.health.mil/). Of these 82 reports, 45 have been confirmed as suicides and 37 are pending final determination of the manner of death. In addition, among reserve component soldiers who are not on active duty there have been 16 confirmed suicides and 21 potential suicides under investigation.

The last time that the military suicide rate exceeded that of civilians was in the late 1960's at the height of the Vietnam War. Since the start of the wars in Iraq and Afghanistan, the Army has lost over 580 soldiers to suicide, but 35% of those had no deployment experi-

Deployment Health Clinical Center



The Deployment Health Clinical Center is an official Department of Defense website designed to foster a trusting relationship between military members and veterans, their families and health care providers. The website hosts clinical practice guidelines for health care practitioners providing post-deployment care and health care resources for military members and families. Web site: <http://www.pdhealth.mil/>

DoD Suicide Prevention and Risk Reduction Committee (SPARRC) Preventing Suicide Network

This website was developed by SPARRC in order to direct military personnel, families and professionals to suicide prevention resources. The Preventing Suicide Network directs service members to suicide prevention websites specific to each branch of the military. Web site: <http://www.preventingsuicide.com/dodtest/>



USACHPPM Suicide Prevention Website



The Army Center for Health Promotion and Preventative Medicine directs Army members to suicide prevention information. The website links to prevention resources for service members, research on military suicides, risk screenings, and resources for those who have lost someone to suicide. Web site: <http://chppm-www.apgea.army.mil/dhpw/Readiness/suicide.aspx>

Air Force Suicide Prevention Program (AFSPP)

AFSPP is the official Air Force suicide prevention resource. The website provides suggestions for installation Suicide Prevention Program Managers as well as suicide awareness/prevention information for deployed Air Force members. Web site: <http://afspp.afms.mil/>



Family Support Services

U.S. Army Family and MWR Command (FMWRC) (formerly Soldier and Family Support Centers)



activities.

Web site: <http://www.armymwr.com/portal/about/>
Army MWR (Morale, Welfare and Recreation) is a network of support and recreation services for Army members and their families. FMWRC is committed to offering services that reduce stress and build skills and self-confidence. They provide youth programming, entertainment and sports/recreation

Army Community Service (ACS):

Web site: <http://www.myarmyonesource.com/default.aspx>
Army Community Service assists in maintaining readiness of individuals, families, and communities within the U.S. Army. ACS services include family team-building and advocacy, financial readiness programs and a soldier and family assistance center.



Navy Fleet and Family Support Center (FFSC):

Web site: <https://www.nffsp.org/skins/nffsp/home.aspx>



Navy FFSC provides services to servicemen and their families with the goal of promoting Navy readiness. FFSC assists families in confronting the challenges of the military lifestyle by offering services from clinical counseling and deployment readiness to life skills and personal finance training.

Air Force Airman and Family Readiness Center (AFRC):

Web site: <http://www.afcommunity.af.mil/>
Air Force AFRC provides services to Air Force members and their families in order to build strong, ready communities. On and off-base services available include crisis assistance, childhood education, career development and relocation assistance, among others.



Marine Corps Community Services (MCCS):



Web site: <http://www.usmc-mccs.org/>
MCCS's Family Life programs help families cope with the stress of military life. Offerings include family team building, a new parent support program and child and youth programming.

ence (Cogan, 2009; Connor, 2009; Jelinek & Hefling, 2009; www.army.mil, 2009).

The military numbers do not reflect soldiers who have left the service. The Veteran's Administration says there were 144 suicides among the nearly 500,000 service members who left the military during 2002-2005. The numbers of suicide attempts are estimated at 10 failed attempts for each loss of life (Cogan, 2009; Jelinek & Hefling, 2009).

The Army Suicide Prevention Program (ASPP) has been in existence since 1984. Suicide prevention training is provided in the pre-command, leadership, and noncommissioned officer courses, and to all deployed soldiers during the redeployment phase. In 2002, the Army provided Applied Suicide Intervention Skills Training (ASIST) workshops and interactive CDs to installation chaplains to reinforce training at the unit level. From 2003 to 2006, the Office of the Surgeon General deployed Mental Health Advisory Teams to Kuwait and Iraq to assess the mental health status of deployed Operation Iraqi Freedom Soldiers.

Since 2007, the Army has increased the number of Suicide Prevention Coordinators in the Active Component, the Army National Guard, and the U.S. Army Reserve, has distributed 5,000 ASIST kits, and established a task force to review trends and allocate resources as needed (www.army.mil). A recent Army-wide "stand down" for suicide prevention training is being followed by chain teaching that must be completed by July 15, 2009. The training is interactive and highlights signs and symptoms. Soldiers receive a wallet-sized "ACE" card (Ask, Care, Escort) (www.military.com).

The Army is also implementing a comprehensive training, BATTLEMIND training, to help prepare soldiers and their families for stresses of war. The program will assist in the detection of possible mental health needs both before and after deployment. The "Strong Bonds" program (see spotlight, this issue, page 3) is part of the effort (www.army.mil).

Soldiers and families in need of crisis intervention resources can contact Military OneSource or the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury Outreach Center (DCoE). Trained consultants are available from both organizations 24 hours a day, 7 days a week, 365 days a year.

Training is also being offered to school districts with a military student population of 20% or more. In an initiative funded by the DoD, Force Health Protection & Readiness, the Signs of Suicide Prevention Program (SOS) educates youth that depression is a treatable illness. The SOS Prevention Program teaches youth to respond to a potential suicide in a friend or family member using the ACT technique (Acknowledge, Care, Tell). More information is available at the Military Impacted Schools Association (www.militaryimpactedschoolsassociation.org/)

Resources and Interventions

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Spotlight: Virginia NeuroCare

Virginia NeuroCare is a rehabilitation program based in Charlottesville, Virginia for patients who have experienced traumatic brain injury (TBI). As a core program of the Defense and Veterans Brain Injury Center, Virginia NeuroCare provides comprehensive evaluation and rehabilitation services to military members with TBI. Virginia NeuroCare is one of two civilian-operated programs in the United States that serves military members as well as civilians who have experienced mild-to-moderate TBI.

TBI can cause serious and lasting problems for affected individuals and their families. Virginia NeuroCare Executive Director F. Don Nidiffer, Ph.D., discussed with VCPN the complexities of TBI. Severe brain injuries can result in lasting loss of function and inability to care for oneself. If service members suffer from severe injuries, their spouses or families often bear the burden of physical care for them. Milder brain injuries can result in irritability, sensitivity, or fatigue and may contribute to the development of depression or post-traumatic stress disorder. Mild TBI can be problematic for families as well, Dr. Nidiffer says. "The person doesn't appear injured, but may be experiencing problems with memory or executive brain functions." Family members may not understand that a person's anger or diminished social skills are a result of the injury.

TBI can affect family dynamics at all levels. Spouses of injured persons may experience stress related to adjusting to new roles, financial pressures, and the changes in the person they married. A child whose parent experiences a TBI will be affected differently depending on the child's developmental stage and relationship with the parent. An infant whose parent has been deployed most of his or her life will react to the parent's brain injury differently than will a teenager who is accustomed to the parent's presence. It may be difficult for children who have close relationships with a parent with TBI to cope with separation while the parent receives treatment. It may also be challenging for children to adjust to changes in a parent's abilities and parenting role.

Virginia NeuroCare helps patients rehabilitate from TBI and also offers some services



to assist families of injured persons. Military hospitals provide acute care for soldiers with TBI and Veterans Affairs facilities provide long-term care. Virginia NeuroCare offers "a middle ground" for veterans rehabilitating from a traumatic brain injury. Virginia NeuroCare's team of staff includes an internal medicine physician, psychiatrists, psychologists and neuropsychologists, occupational therapists, physical therapists, speech therapists, case managers, substance abuse counselors, vocational specialists, direct care staff, and a TBI education coordinator. Virginia NeuroCare is equipped to assist clients with issues ranging from pain management to addressing post-traumatic stress symptoms.

Virginia NeuroCare clients who are unable to return to military duty may participate in trial vocational work in the community. Virginia NeuroCare offers family therapy in person or via teleconference. The Grove House, a primary residence for brain-injured veterans at Virginia NeuroCare, typically serves eight clients at a time. The house contains an apartment that could house three more, says Dr. Nidiffer, but recently, this apartment has been offered to families who have traveled to see their loved ones. A client at Virginia NeuroCare will stay three months on average.

Dr. Nidiffer says that Virginia NeuroCare benefits significantly from its affiliation with the Defense and Veterans Brain Injury Center (DVBIC). Active duty military members with TBI can receive services at Virginia NeuroCare at no cost to themselves or their families. Clients are referred for services through case managers at military installations or, occasionally, from VA hospitals. As one of its core programs, Virginia NeuroCare is actively involved in DVBIC's mission of education about TBI. DVBIC members share information about traumatic brain injury and community standards for treatment.

More information about Virginia NeuroCare is available online at <http://www.vanc.org/> or <http://www.dvbic.org/>, or by contacting Lakeview Virginia NeuroCare, 1101-B East High Street, Charlottesville, VA 22902. Phone: (434) 984-5218.



Combat Stress

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The military has responded to assist soldiers. While the military values toughness, they also value good judgment. The military is trying to help members understand that even for the most hardy soldier, there may be stress reactions that do not disappear on their own (Burke et al., 2004).

One treatment strategy is a team (which may include a psychiatrist or psychologist, a Staff NCO, and a chaplain) close to the front. The team can evaluate, treat, and educate soldiers who have combat stress reactions and in most cases return them to their unit without more intensive care. An example is the Operational Stress Control and Readiness (OSCAR) teams of the Marine Corps. Treatment by these teams is based on a method called PIES (Proximity; Immediacy; Expectancy; Simplicity). The treatment is as close to the front as possible so the Marine still feels a part of his or her unit. The treatment is prompt and quick, usually for no more than three days. The attitude and expectation is that there is a temporary need for recuperation which is met with the simplest, most direct treatment approach (Doran et al., 2004).

Other treatments are discussed by the Ceridian Corporation. Critical Incident Stress Management (CISM) creates a supportive environment where soldiers can talk about a particular event that might have triggered a reaction. Chaplains or counselors can provide religious or spiritual support. Distraction such as through exercise, movies, entertainment, or sports events can provide respite.

Families may be supportive initially when a returning soldier experiences a stress injury. As the condition persists, the family members may suffer from "compassion fatigue" and be less empathetic. The soldier's partner may find that she or he is operating on "automatic pilot"—present physically but emotionally withdrawn (ZERO TO THREE, 2007).

The Department of Veterans Affairs (VA) operates an integrated health care system and provides services to men and women who were injured during their military service. Terence Keane, Ph.D. discussed features of VA mental health care in an interview for the American Psychological Association Practice Organization (Phelps & Keane, 2008). He

noted that approximately one-third of eligible veterans who have served in Iraq and Afghanistan have been to a VA installation for care. PTSD is the most common psychological problem. However, veterans also present with depression, substance abuse, chronic pain, TBI, and anxiety disorders.

Those treating veterans should be aware of demographics, according to Dr. Keane. More than 40% of the active duty personnel are racial or ethnic minorities and women comprise more than 10% of those serving in Iraq and Afghanistan. Active duty personnel are likely to be either young (in their late teens and early 20's) or in their 30's or 40's (Reservists and National Guard members). The family structure, concerns and vocational status are likely to differ in these bifurcated groups. Dr. Keane noted that the VA's statutory authority to treat family members is limited. The vast majority of veterans and their family members obtain mental health care from private practitioners.

Improved treatments may be forthcoming. The STRONG STAR Multidisciplinary Research Consortium plans clinical trials of Cognitive Processing Therapy and Prolonged Exposure Therapy. The consortium includes some top researchers in the PTSD field. The trials are scheduled to occur over the next five years. The treatments are designed to be delivered in a relatively short period of time: 10 treatment sessions over 8 weeks or 10 sessions over a two-week period. If the intensive treatment is successful, it would be much more accessible, especially for veterans in rural areas (Munsey, 2008).

Better data is also being gathered. The Army and the National Institute of Mental Health (NIMH) signed an agreement in 2008 to conduct a long-term study with two broad goals: identifying factors that impact mental health of soldiers and identifying strategies that will reduce suicides. The study is expected to last five years (www.army.mil, 2009).

*References Available by Request
or on our Website*

Web Resources

for Combat Stress and Injury

Military One: www.militaryonesource.com
(800) 342-9647

Defense Center of Excellence for Psychological Health and Traumatic Brain Injury Outreach Center (DCoE): www.dcoe.health.mil/
(866) 966-1020

Defense and Veteran's Brain Injury Center: www.dvbic.org

Real Warriors: Resilience, Recovery, Reintegration: www.realwarriors.net/

Wounded Soldier and Family Hotline
(800) 984-8523

The American Psychological Association:
www.apa.org

The American Psychiatric Association:
www.psych.org

The National Center for PTSD:
www.ncptsd.va.gov



CENTER FOR DEPLOYMENT PSYCHOLOGY

The Center for Deployment Psychology was developed to promote the education of psychologists and other behavioral health specialists about issues pertaining to the deployment of military personnel. The CDP is headquartered in Bethesda, MD and has satellite sites at ten Military Medical Centers across the country.

The CDP offers a series of training and continuing education programs. The core training experience is a 2-week long intensive course held jointly at the Uniformed Services University of the Health Sciences in Bethesda, MD and the Walter Reed Army Medical Center in Washington, DC. Seminars and workshops are offered throughout the United States and online offerings are available as well.

Online trainings are available on: "Military Cultural Competence," "Working with Service Members and Veterans with PTSD," "Prolonged Exposure Therapy for PTSD," "Cognitive Processing Therapy for PTSD in Veterans and Military Personnel."

Since its 2006 launch, the CDP has trained more than 700 military personnel and civilians. More information is available from: Center for Deployment Psychology, Uniformed Services University of the Health Sciences, Department of Medical and Clinical Psychology, 4301 Jones Bridge Road, Building 53-104, Bethesda, MD 20814-4799. (301) 295-4140, FAX: (301) 295-4158, E-mail: cdp@usuhs.mil
Web site: www.deploymentpsych.org



American Psychological Association

American Psychological Association Task Force in Response to Terrorism: Fostering Resilience in Response to Terrorism: Working with Military Families

Available from: <http://www.apa.org/psychologists/pdfs/militaryfamilies.pdf>

This fact sheet issued by the APA provides psychologists and other service providers with information on how best to serve military families coping with the stress of deployment. Psychologists promote healthy coping strategies for building resiliency, among which are maintaining relationships and energy levels; meeting spiritual needs; preserving family intimacy; and keeping a positive outlook.

American Psychological Association Task Force on Military Deployment Services for Youth, Families and Service Members: The Psychological Needs of U.S. Military Service Members and Their Families: A Preliminary Report

Available from: <http://www.apa.org/releases/MilitaryDeploymentTaskForceReport.pdf>

The APA Task Force established to evaluate risks deployment can pose to military families found that relatively few high-quality behavioral health care programs exist to address deployment issues. The Task Force expresses concerns about the availability, acceptability and accessibility of psychological care for military families. Among their recommendations are: centralized leadership for military mental health; continued research on deployment issues; improved access to and continuity of clinical care; and recruitment and retention of mental health practitioners providing care to military families.

Spotlight: Fisher House Foundation



The Fisher Houses are not-for-profit organizations that provide short-term housing to family members of military personnel during times of unexpected illness or injury. Founded by New York philanthropists Zachary and Elizabeth Fisher in 1991, the foundation now supports 43 Fisher Houses. The houses are located at military installations across the country, including Germany, and at 12 VA medical centers. The rooms are a no-cost haven for families who are visiting loved ones. Fisher Houses are funded in a "public-private partnership" comprised of a combination of income generated by trust funds maintained by each military branch, Fisher Foundation contributions, and the voluntary donations of individuals and organizations.

The need for temporary housing for families at military medical centers was brought to Mr. Fisher's attention in 1990 by Pauline Trost, the wife of Admiral Carlisle Trost. Mrs. Trost had witnessed a family arriving to visit a loved one at a military hospital and wondered where the family would be able to stay affordably. The Departments of Defense and Veterans Affairs do not routinely provide lodging for friends and family members of injured servicemen and women. According to their website, the first Fisher House opened at the National Naval Medical Center in Bethesda, Maryland in 1991, and the Fisher House Foundation has since served more than 120,000 families. These families have used 3 million days of lodging at a cost savings to families of over \$12 million.

Virginia is home to two Fisher Houses: one at McGuire VA Medical Center in Richmond, and one at Portsmouth Naval Medical Center in Portsmouth, Virginia. Richmond Fisher House Manager Wayne Walker explained that families are eligible to stay at the Fisher House if they live more than 50 miles from the House and are visiting a veteran seeking care at McGuire VA Medical Center. Portsmouth Fisher House Manager Loretta Loveless reported that for most families staying at the Portsmouth House the patients are active duty military, spouses, or dependents receiving treatment or surgery at the Naval Medical Center rather than combat veterans. According to Ms. Loveless an average of 180 families stay at the 7-bedroom Portsmouth Fisher House in a year. Mr. Walker reports that the Richmond house has served 575 individuals through May, 2009 with a 92% occupancy rate.

Each of Virginia's Fisher Houses provides guest families with private rooms with television and internet access. Families have use of laundry and kitchen facilities. When asked what support services are available to families staying at the Fisher Houses, Mr. Walker explained that each family is referred to the Fisher House through a social worker. Both of Virginia's Fisher Houses have access to supports such as a chaplain and patient advocate. There are activities for children staying at the Fisher Houses. The Richmond Fisher House is in the process of building a playground for children staying at the house. The Portsmouth house has a toy box, swing, and slide set for children.

Mr. Walker, a combat veteran himself, reported that feedback from families has been very positive. "Ninety-nine point one percent of families have been amazed and are so appreciative," he commented. They are grateful for the opportunity to stay at such close proximity to their injured loved ones without worrying about finances. Ms. Loveless adds, "It is their 'home away from home' at no cost."



The Fisher House Foundation sponsors other programs to help military families. The Hero Miles program uses donated frequent flyer miles to provide free airline tickets to injured service members and their families. The Virginia Fisher House Managers have had some guest families who utilized this program. Of particular note to all military families, Fisher House Foundation sponsors a scholarship program for military children. By 2003, the scholarship program had attracted 6,500 applicants and had awarded \$1,500 grants to 550 students. Finally, Fisher House Foundation partners with Newman's Own and Military Times Media Group to offer the Newman's Own Award. This monetary award is granted to organizations focused on improving the quality of life for military families.

More information on the Fisher House Foundation is available online at <http://www.fisherhouse.org/>

For information on the Fisher House at McGuire VA Medical Center in Richmond: Wayne Walker, House Manager, 1201 Broad Run Boulevard, Richmond, Virginia 23249. Phone: (804) 675-6639.

Email: Wayne.Walker@va.gov

For information on the Fisher House at Naval Medical Center in Portsmouth:

Loretta Loveless, House Manager, 853 Fisher Drive, Portsmouth, VA 23708. Phone: (757) 953-6889. Email: FishrHouse@msn.com

Family Readiness Groups

Marine Corps Key Volunteer Network (KVN):

Web site: <http://www.usmc-mccs.org/kvn/>

Key Volunteer Network volunteers relay information from Command leadership to Navy families and support families through resource referrals.



Marine Corps Lifestyle Insights Networking



Knowledge Skills (LINKS):

Web site: http://www.newriver.usmc-mccs.org/mcftb.htm#_L.I.N.K.S.

This volunteer, team-mentoring program connects military spouses and allows them to help one another adapt to the challenges of military life.

Army Family Readiness Group (FRG):

Web site: <http://www.armyfrg.org/skins/frg/home.aspx?AllowSSL=true>

FRG volunteers connect family members and soldiers with unit Command. FRG allows families to access information and resources to stay informed.



Navy Ombudsman Program (OP):

Web site: <http://www.nffsp.org/>

Ombudsman Program

Ombudsman volunteers are appointed by a commanding officer to serve as an information link between Command leadership and Navy families.

Resources

Sesame Street “Talk, Listen, Connect: Deployments, Homecomings, Changes”

Available from:

<http://archive.sesameworkshop.org/tlc/>

“Talk, Listen, Connect” is a bilingual educational outreach initiative designed to assist children in military families in coping with a parent’s departure for or return from military duty. Funded in part by the Department of Defense, this program uses videos featuring familiar Sesame Street characters to help children understand the changes associated with a parent’s deployment. The Sesame Workshop

website also provides brochures for parents or facilitators on communicating with children about deployment. The full “Talk, Listen, Connect” program

is available online on the Sesame Workshop website or as a free kit from MilitaryOnesource.com



Salute Our Services: Kids Serve 2

Kids Serve 2 was created by military families to provide support to military children. Their philosophy is that when parents serve in the military, their “Kids Serve Too.” KS2 provides resources to children from all service branches. The program acknowledges the sacrifices and challenges military children face and provides activities and grants for military children to continue extracurricular activities. Web site: <http://www.saluteourservices.org>

National Military Family Association

Formed by military wives in 1969, the National Military Family Association is dedicated to educating military families and the public about on the rights of military families. The NMFA also supports legislation that provides equal quality of life for military families. The website contains articles on many facets of military life and publications on legislation that is important to military families. Web site: <http://www.nmfa.org>



American Academy of Pediatrics

The American Academy of Pediatrics provides optimal health-care to children of military families. They also provide programs designed to support a child’s adjustment when a parent is deployed. Web site: <http://aap.org/sections/unifserv/deployment/index.htm>

Spotlight: FOCUS Project



The FOCUS (Families OverComing Under Stress) Project is a resiliency-building program for military families and children coping with combat operational stress during wartime. FOCUS serves Navy and Marine families by:

- Assisting family members to address deployment stress and to minimize its interference with parenting and family life.
- Providing community-level consultation and group skill building.
- Enhancing family communication and support by developing a shared family narrative about deployment experiences.

FOCUS provides real-time, assessment-driven services tailored to strengths and problem areas of parents, children, and adolescents. The FOCUS Project operates at individual, family-centric and installation community levels. At the individual level, FOCUS offers consultation for coping with traumatic injury or grief. Multi-session family interventions are the core of the resiliency-building program. For 6-10 sessions, families

meet with a FOCUS provider and develop skills in emotional regulation, goal-setting and problem solving. FOCUS works at the community level by providing information and education in group-level program briefings.

FOCUS operates under the Navy Bureau of Medicine and Surgery (BUMED) through a contract with UCLA’s Center for Community Health. VCPN spoke with Kirsten Woodward, LCSW, Family Programs Coordinator at BUMED. There are nine current FOCUS sites throughout the country. The nine original sites have served over 4,000 families to date. Woodward reports that several more sites will be available this year. Virginia has one existing FOCUS site, at Naval Amphibious Base Little Creek in Dam Neck, VA. On June 30, 2009, FOCUS Project locations opened at Naval Station Norfolk and at Headquarters Marine Corps in Quantico.

BUMED established the FOCUS Project, Woodward said, to assist with the psychological needs of service members and their families. The Bureau then identified UCLA as an organization employing evidence-based resiliency practices. FOCUS is primarily designed to strengthen families confronted with the stress of separation, combat operational stress, and the issues caused by multiple deployments. The FOCUS Project is available to both active duty and reserve Navy and Marine members. FOCUS Project service providers include Ph.D.-level psychologists and social workers, licensed clinical social

workers, and marriage and family therapists.

According to Woodward, the primary source of referrals to FOCUS come from the families themselves, who hear about the program by word-of-mouth through other military families. “We have insightful families who want to improve resilience,” remarks Woodward. “They hear about the program and think, ‘Hey, this is something that will benefit us. Having these tools will make us stronger as a family.’” While FOCUS Project is a support program and is not mandatory, leadership at the military installments are supportive of the program and recommend it to families. Families also learn about FOCUS through unit chaplains, Fleet and Family Services and Marine Corps Community Services, and schools.

The FOCUS Project’s programs are monitored for efficacy. At the beginning of the multi-session family intervention program, families identify individualized goals. Families completing the program report improved resilience and overall family cohesiveness based on their goals. Woodward says that they have received considerable positive feedback and that families report a high perception of improvement.

Readers can contact the FOCUS Project at (310) 794-2482, E-mail: info@focusproject.org or <http://www.focusproject.org> Kirsten Woodward at the Navy Bureau of Medicine and Surgery may be reached by E-mail at Kirsten.Woodward@med.navy.mil

Spotlight: Family Advocacy Program

The Family Advocacy Program (FAP) was created in 1984, by the Department of Defense (DOD) in order to address the issue of family violence (spousal and child abuse prevention) within the military. FAP is congressionally mandated by DOD which means all branches of military service must have a FAP. FAP works closely with various military personnel in order to ensure that the individual needs of each family member are met. They are dedicated to prompt reporting, investigation, intervention, treatment, education and prevention.

The FAP has identified goals. Five of the primary goals are: victim safety and protection; prevention of family violence; offender accountability; command intervention; and rehabilitative education and counseling. FAP provides counselors who are trained on intervention for child maltreatment and are specifically dedicated to assisting victims and supporting families in need. These services help families enhance their relationship with one another in a healthy, violent-free environment.

Seminars are available with topics ranging from conflict resolution to safety education to stress management. Many of the FAPs offer men's and woman's groups as well as anger management, respite care programs, parent education, and emergency placement.

Melvina Thornton, LCSW at the Navy In-

stallations Command in Washington DC, discussed the FAP program specific to the Navy and her installation. "The intent of FAP is to protect victims of domestic violence from future abuse. This intent is met through FAP's strategy which includes prevention, intervention and treatment." In order to meet these goals, FAP provides clinical assessments which assess the level of risk, provide safety planning, and determine the appropriate interventions and/or treatment. While all military members and their families are eligible, families who are at risk for domestic abuse are targeted. The services provided vary among installations. Some offer workshops and classes that focus on anger and stress management, couples communication, and deployment/family separation. Thornton explains, "FAP is a Command program, and it is a collaborative effort between the Command and FAP to provide treatment and resources for sailors and their families."

Since FAP is mandated by DOD there is no fee for services. The Navy FAP uses a command structure in order to allocate responsibilities. Program implementation, funding, and other resources are provided through the Commander Navy Installations Command (CNIC), which is the headquarters. There are supervisors who are assigned to the regional and local levels. The local supervisor, also known as Family Advocacy Representative

(FAR), provides support, supervision, and guidance to staff who directly provide services to victims and offenders. The regional supervisors, also known as Regional Counseling Advocacy Prevention Managers (RCAPS), oversee and provide support to programs within their region.

Since the war in Iraq, there has been an increase in rates of child abuse and neglect. Thornton says, "The Navy has initiated several efforts to address the impact of deployment and extended separations on families." One example is providing services to fathers who were away when their child was born.

The Family Advocacy Program is provided to families in order to help prevent child abuse and neglect. FAP offers services and programs in order to help military members and their families who may be struggling. Thornton summarizes, "Family violence is incompatible with military services. DOD and its Service components offer a broad umbrella of services to support family stabilization and resiliency."

For more information, contact: Melvina Thornton, LCSW, Commander Navy Installations Command, US Navy, 2713 Mitschev Rd. SW, Suite 300, Anacostia Annex, DC, 20373-5802, (202)-433-4646, Fax: (202)-433-0936,

E-mail: melvina.thornton@navy.mil

Strengthening Military Families

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The MFRI found additional factors that affect families and impact on resilience. These factors can be sorted into categories of belief systems, organizational patterns, and communication.

Belief factors include maintaining a positive outlook, a sense of coherence, and discovering ways to learn and grow despite adverse events. Spirituality can assist a family in maintaining shared beliefs. A sense of optimism and a positive emotional climate increases the likelihood of successful adaptation.

The ability to competently execute tasks and to adjust family input and effort is associated with resilience. Clear allocation of roles with flexibility in how effort is allocated is likely to produce success. Financial management and decision-making is important. Resilient families tend to employ routines and rituals that promote closeness and give structure. Resilient families communicate well, share information, and problem-solve together. Their members feel a sense of mastery and control.

One program to promote family mastery is the FOCUS (Families Overcoming and Coping Under Stress) Program. FOCUS is featured in our spotlights, this issue, page 22.

According to MFRI, resilience in military families is connected to the ability to manage

transitions. Deployment and reunion events are particular times when families are taxed. Deployment is characterized by the parent's psychological presence but physical absence while reunion brings the physical presence, sometimes with psychological absence. Moving frequently can also be a transition with unique challenges.

MFRI suggests targeting certain families for extra support and resilience training. Young parents in new marriages may be at increased risk for isolation, as are marriages with one spouse who is from a foreign country. Families in the reserves have less access to social support organizations and fewer connections to other military families. There is a pressing need to learn more about adjustment in military families where a parent has sustained physical injury or a mental health disorder. Children may not understand the extent of the injury, particularly emotional problems without visible scars.

MacDermid et al. (2008) stress that resilience can be learned and skills can be systematically improved. Parents who model resilience also improve their children's skills and abilities.

Capacity-Building Approach

For several years, Huebner, Mancini, Bowen and Orthner (2009) have been advocating a community capacity approach for family support systems. Community capacity is composed of two elements. The first component is *shared responsibility* for the general welfare of the community and its members. The second element is *collective competence*, an ability to take advantage of opportunities and an ability to take action. The model is activated through the use of formal and informal networks which lead to generation of social capital which in turn leads to family well being/adaptation.

Formal networks in the military include unit leadership, as well as both military and civilian organizations and agencies focused on family support. Examples (such as Operation Military Kids and the partnership between Army Child and Youth Services and National 4-H) are spotlighted throughout this issue of VCPN. Formal organizations support needs of children and families and sponsor activities that encourage meaningful participation in the life of the community.



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PSYCHOLOGY

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Harrisonburg, VA 22807
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Strengthening Military Families

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They provide a framework for people coming together. However, as Huebner et al. (2009) note, formal networks alone do not ultimately change situations for families.

Huebner et al. (2009) contend that formal networks serve a primary function of supporting informal networks. These informal networks are the most accessible to the family on a daily basis. It is informal networks rather than service provision and professionals, which generate positive outcomes. However, when formal and informal networks have common goals, such as military family support, and when they support each other (are bidirectional), the chances for making a positive difference for military families increases.

Bidirectional formal and informal networks generate social capital (for example, good will

and reciprocity). Social capital has a reciprocal relationship with community capacity. Community capacity is thought to lead to individual and family outcomes. Using existing resources and service delivery systems, with partnerships in the civilian sector as well as within the military, establishing and maintaining community connections is an approach with research support and one that helps military families help themselves in the context of their own communities (Huebner et al., 2009).

Strengthening military families is not simply another task for the military. The military forces and their families are supporting the entire nation and they deserve support from each of us. Readers can find many ideas throughout this issue of how to help. Even when all the troops are back at home, the needs will continue. Support must be long-term as well during active missions.

*References Available Upon Request
or on our Website*

Go Green

If you prefer an electronic notice when VCPN is published rather than a hard copy, please e-mail your preference to Joann Grayson at graysojh@jmu.edu. We are exploring starting a list serve notification option.

More Articles are Available on the Website!

The Military's Response
to Family Violence

Sewells Point
Elementary School

Military Child &
Adolescent Center
of Excellence

Exceptional Family
Member Program

Web Resources

VCPN is on the web – Visit us at:
<http://psychweb.cisat.jmu.edu/graysojh/>